

For Green Cases Only: Quantify Autism Traits & Adaptive Functioning

Age under 36 months

STAT (age 24-36 months)

ASD-PEDS (under 36 months)

Age < 6 or age ≥ 6 with IQ < 80

CARS-2 QPC (not scored) plus **CARS-2 ST** (scored based on direct observation and/or collateral source about current behaviors)

Age ≥ 6 AND IQ ≥ 80

CARS-2 QPC (not scored) plus **CARS-2 HF** (scored based on observation+ collateral interview about current behaviors)

Insurance companies often also require a measure of adaptive functioning. Consider using the Diagnostic Adaptive Behavior Scale (**DABS**; age 4-21; www.aaid.org/dabs), the Adaptive Function subscale of the **Developmental Profile – Fourth Edition**, the **Vineland-3**, or the **ABAS-3**.





Autism Behavioral Interview Protocol: Emerging Language to Phrase Speech



I. Child-led free play with social presses (10 minutes)

- 1) **Free Play:**
Examiner observes child's interests, play level, language.
Examiner begins to establish themselves as a social partner
- 2) **Response to name**
- 3) **Response to joint attention**



II. Interactive examiner-led activities (15-20 minutes)

- 4) **Communicative temptations**
- 5) **Imitation prompts with 2-3 objects**
- 6) **Fine motor activity**
- 7) **Make-believe play and joining in play**

For children with consistent use of 2-3 word phrases (or more):

- 8) **Social Insight**
- 9) **Conversational bids/Social language use**

Embedded Demands:

- Ability to transition between activities
- Object attachments/strong interests
- Emotion regulation including anxiety
- Social relating (e.g., shared enjoyment)
- Sensory regulation (e.g., aversions and interests)
- Maintenance of eye contact
- Motor coordination and body use
- Activity level

Medical OR
Educational System

Adaptive
functioning testing

IQ testing

Speech/language
testing

Hearing testing

Medical AND
Educational Systems

Developmental history and behavioral observation
(autism diagnosis/classification)

Building an Autism Treatment Plan

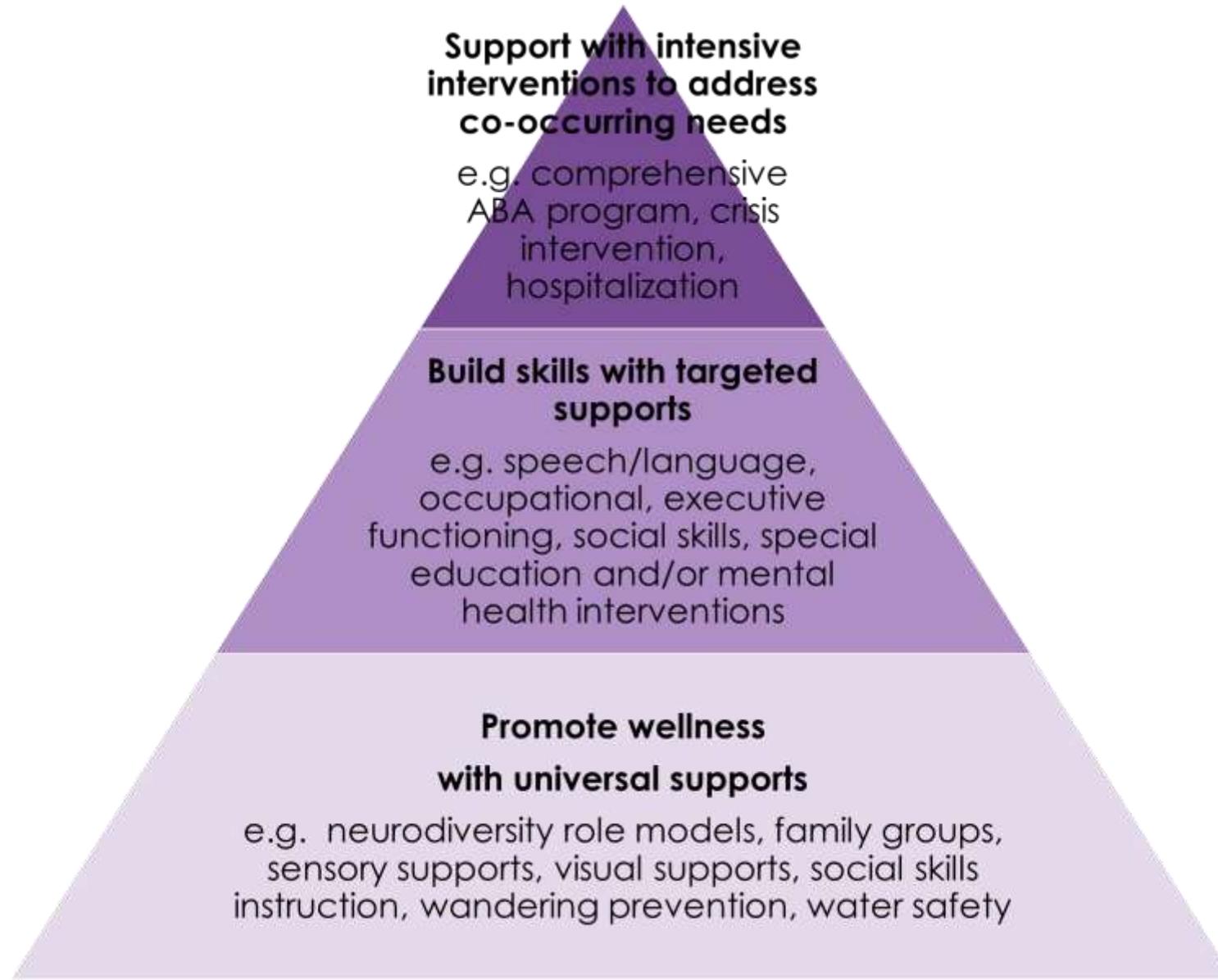
CENTER FOR AUTISM GUIDEBOOK FOR MEDICAL PROVIDERS

CHAPTER 3: BUILDING AN AUTISM TREATMENT PLAN.

Assess for missing elements of the autism diagnostic evaluation, and refer as needed.

When assessing whether an autistic child is receiving appropriate services, it is helpful to first assess whether they have received a thorough diagnostic evaluation. Consider three main questions:

What intensity of support does this family need now?



Domain of Need	Intensive Supports	Targeted Supports	Universal Supports
Evaluation Needs	Psychoeducational/ neuropsychological evaluation to address learning and/or behavior needs and revise treatment and educational programming; psychiatric/psychological evaluation of comorbidities to build treatment plans	Periodic (often annual) evaluation using standardized measures to track progress and update treatment goals (Speech, OT, PT, at times achievement)	Medical and educational evaluation to document needs related to autism
Communication Needs	High frequency SLT through school and insurance-based programming (2-3/week) or specialized interventions including addressing potential comorbidities (e.g., apraxia, selective mutism)	Weekly speech therapy to address core (including AAC) and/or higher-order language needs; Parent-mediated interventions to teach and support social communication	Visual supports, total communication approaches including emphasis on non-speaking communication approaches, accommodations including reduced language use and complexity in social and learning settings

Universal Referral Checklist for Autistic Pediatric Patients

- ❖ **Has the child gone through the entry point (“front door” initial application process) for at least the medical, educational, and federal/state systems of care?**
 - Do they have a medical diagnosis of autism so they can access insurance-funded services like ABA? *This typically involves a medical or mental health provider using a structured instruments to quantify autism traits (ADOS-2, CARS-2, or other instrument) and (if not documented in another system of care) estimate adaptive functioning (e.g., ABAS-3), and providing the parent with a report.*
 - Have they had an IEP evaluation at school that targets autism-specific learning and behavioral needs (not just for general learning or behavioral concerns)? *If there are barriers, consider referral to the PTI in their state:*
 - DC: *Advocates for Justice and Education* <https://www.aje-dc.org/>
 - MD: *Parents' Place of Maryland* <https://www.ppmmd.org/>
 - VA: *Formed Families Forward* <https://formedfamiliesforward.org/> and *Parent Educational Advocacy Training Center* <http://www.peatc.org>
 - *National listing:* <https://www.parentcenterhub.org/find-your-center/>
 - Have parents submitted Administration on Intellectual and Developmental Disabilities (AIDD), Medicaid Waiver, and (if age 14+) Division of Vocational Rehabilitation applications for their state?
- ❖ **Has the child been referred for all of the elements of the comprehensive diagnostic evaluation for autism?** *These evaluations do not all need to be done in the same system of care or simultaneously. For example, often autism is first diagnosed by a medical provider, and the school system then does speech/language and cognitive testing as part of the IEP evaluation.*
 - Autism developmental history and behavioral observation (consider referral or diagnosing/documenting using Cerner dot phrases =psCARS2ST and =psCARS2HF)
 - Adaptive functioning measurement (e.g. VABS-3, ABAS-3)
 - Cognitive (IQ) testing
 - Speech/language testing including pragmatic language testing
 - Hearing testing
- ❖ **Have parents been offered a referral to Genetics?**

Getting the Right Supports for Your Autistic Child



Autistic children need many different kinds of services. Services are paid for by health insurance, schools, the state and federal government, and nonprofit agencies. To get all of the services they need, most autistic children have to be diagnosed with autism by a medical provider (like a doctor, psychologist, or nurse practitioner) AND be given an autism classification by their school. Here are some tips on getting autism services:

Who pays for this service?	How does my child become eligible?	What are some examples of this service?	Where can I find out more?
Health insurance	Medical provider tests for autism	ABA Speech therapy Occupational therapy	Ask your pediatrician or your child's insurance company for referrals to a provider who can diagnose autism.
School	School system tests for autism	IEP services like special education, speech therapy at school, and special school placement.	If your child has started school, ask your local public school. If your child has not started school, here are websites with more information: DC: Early Childhood specialeducation (dc.gov) Maryland: Infants and Toddlers Child Find Contact List (marylandpublicschools.org) Virginia: EI Overview — Infant & Toddler Connection of Virginia (itcva.online)
State and local government	Apply	Vocational (work) programs, respite care, case management	DC: 1) Get Katie Beckett waiver and HSCSN health insurance: https://dhcf.dc.gov/service/tax-equity-and-fiscal-responsibility-act-4efrakatie-beckett 2) Apply for DDA services: https://dds.dc.gov/service/how-apply-services 3) Age 14+: Apply for RSA services: RSA Eligibility and Intake Process dds (dc.gov) Maryland: 1) Apply for DDA services: https://health.maryland.gov/dda/Pages/apply.aspx 2) Get on the Autism Waiver wait list:

Anticipatory Guidance and Managing Challenges

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CHAPTER 4. ANTICIPATORY GUIDANCE AND MANAGING CHALLENGES.

Building physical and mental health

Like with all patients, pediatric providers for autism families have the opportunity to nudge developmental trajectories through early intervention, preventing “small” issues from becoming “big” issues.

Autistic adults with and without intellectual disability are at increased risk

When should parents tell their child they are autistic?

“Findings suggest that telling a child that they are autistic at a younger age empowers them by providing access to support and a foundation for self-understanding that helps them thrive in adulthood.”

- Oredipe et al. 2023

Topic	Facts and Resources
Toileting	<p>Toileting can be a behavioral goal for ABA therapy, and can be a goal in IEPs. AAP has published a toolkit on toilet training for autistic children: Toilet Training—Autism Toolkit Pediatric Patient Education American Academy of Pediatrics (aap.org)</p> <p>Vanderbilt's TRIAD center has many resources including a family handout on toilet training: toilettrainasd.pdf (vumc.org)</p>
Feeding and eating problems	<p>The AAP Autism Toolkit has a chapter on Nutrition and Eating problems: Nutrition and Eating Problems—Autism Toolkit Pediatric Patient Education American Academy of Pediatrics (aap.org)</p> <p>Autism Speaks has a toolkit for families on feeding behavior: ATN/AIR-P Guide to Exploring Feeding Behavior in Autism Autism Speaks</p> <p>Some children benefit from referral to a feeding disorder specialist.</p>
Advocating in the school system	<p>Parent Training and Information Centers (PTI) are parent-led, federally-funded organizations that provide education and advocacy support to parents of children with disabilities. They are a useful free referral for families who need support navigating the school system. There is at least one PTI in each state:</p>

Provider Reference Sheets

