

MORE IS MORE NOT EITHER OR

UNDERSTANDING AND COLLABORATING ACROSS SERVICE
ENTITLEMENTS FOR STUDENTS WITH ASD



GOALS / OUTCOMES

- Clarify what is meant by ABA
- Increase understanding of school entitlements and ABA insurance benefits
- Identify similarities and differences in development and implementation of an IEP and ABA treatment plan
- Outline ways to maximize the combined intensity and efficacy of IDEA services and insurance-based services



WHAT DO YOU MEAN BY "ABA"?

- ABA as a **SCIENCE**?
- ABA as a **SERVICE**?
- ABA as a **PRACTICE**?
- ABA as an **INTERVENTION**?



DHHS DEFINITION – ABA AS A SERVICE

[HTTPS://WWW.MICHIGAN.GOV/DOCUMENTS/MDHHS/ABA_POLICY_PROVIDER_FAQS_514113_7.PDF](https://www.michigan.gov/documents/mdhhs/ABA_POLICY_PROVIDER_FAQS_514113_7.pdf)

- **ABA is the science of analyzing socially significant behavior and producing behavior change by modifying related environmental variables.**
- **ABA services may be used to address issues relevant to those with ASD including, but not limited to, language acquisition, peer interactions and social skills, following routines, self-help and daily living skills, and reducing challenging behaviors.**
- **ABA services means services provided to clients that are included in the practice of applied behavior analysis in Michigan.**



ABA AS A PRACTICE LICENSURE LAW

- **“Practice” of ABA:**
 - Design, implementation, & evaluation of instructional & environmental modifications to produce socially significant improvements in human behavior (PA 403)
- **Practice of ABA includes:**
 - The empirical identification of functional relations between behavior and environmental factors (FBA)
 - The utilization of contextual factors, motivating operations, antecedent stimuli, or positive reinforcement
 - The utilization of other strategies to help individuals develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions
 - Use of ABA **INTERVENTIONS** that are based on scientific research and the direct observation and measurement of behavior and the environment.



ABA AS INTERVENTIONS

- **Prompting**
- **Reinforcement**
- **Chaining**
- **Task Analysis**
- **Time Delay**
- **FBA**
- **Naturalistic Interventions**
- **DTT**
- **Pivotal Response Training**
- **PECS**



EDUCATIONAL ENTITLEMENTS



THE CHILD'S RIGHT TO AN EDUCATION

- All States provide that resident students receive an education based on a curriculum of study intended to support career/college readiness.
- Compulsory Education at age 6 in MI
- Parents have a number of options to provide this education:
 - enrollment in public schools
 - district of residence / school of choice
 - charter school, including cyber schools
 - enrollment in non-public schools
 - parent instruction via
 - registered home school (functionally a private school)
 - home education program
 - shared time with core instruction in non-public school (including home school) and non-core instruction in public school



FOR INDIVIDUALS WITH DISABILITIES(IDEA)

[HTTPS://SITES.ED.GOV/IDEA/](https://sites.ed.gov/idea/)

▪ FAPE

▪ LRE



FAPE IS AN EQUITABLE EDUCATION



WHAT IS FAPE?

<https://sites.ed.gov/idea/>

Special Education & Related Services = Specially Designed Instruction

Adapting the content, methodology or delivery of instruction

- To address unique needs resulting from the disability
- To ensure access to the general curriculum to meet the educational standards *that apply to all children* in the state

IEP is the offer of FAPE

U.S. Supreme Court Interpretations:

- Board of Education of Hendrick-Hudson Central School District v. Rowley, 458 U.S. 176 (1982): "Reasonably calculated to achieve **EDUCATIONAL BENEFITS**."
- Endrew F. v. Douglas County School District Re-1, 137 S. Ct. 988 (2017): "Reasonably calculated to make progress appropriate in light of circumstances.... to meet challenging objectives." **Appropriately Ambitious**
- Larger Implications of ADA
- USDOE: 11-16-15 **Dear Colleague Letter** 12-7-17 **Q&A on Endrew**

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 that special classes, separate schooling, or other removal of children with disabilities from 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."

34 C.F.R. §300.114

SCHOOL REQUIRED PRACTICES

- ESSA
 - Evidence-based Interventions
- IDEA
 - References to Research-based Interventions and Scientifically-based Instructional Practices
 - Required to include services based on peer-reviewed research to the extent practicable
 - FBA



IDEA
Individuals with
Disabilities Act



Evidence-Based Practices

AFIRM ONLINE TRAINING
MODULES <http://afirm.fpg.unc.edu/>



National Professional Development Center on
ASD (NDPC) Implementation Briefs



<http://autismpdc.fpg.unc.edu/evidence-based-practices>

Ohio Center for Autism
and Low Incidence (OCALI)
Autism Internet Modules (AIM)
<http://www.autisminternetmodules.org/>



ASSOCIATION FOR SCIENCE IN
AUTISM TREATMENT (ASAT)
[HTTP://WWW.ASATONLINE.ORG/FOR-PARENTS/LEARN-
MORE-ABOUT-SPECIFIC-TREATMENTS/](http://www.asatonline.org/for-parents/learn-more-about-specific-treatments/)

ASAT Real Science, Real Hope
ASSOCIATION FOR SCIENCE IN AUTISM TREATMENT

AIB: AUTISM INSURANCE BENEFITS



AUTISM INSURANCE BENEFITS

[HTTP://WWW.MICHIGAN.GOV/AUTISM/0,4848,7-294-63681---00_HTML](http://www.michigan.gov/autism/0,4848,7-294-63681---00_HTML)
[HTTPS://AUTISMALLIANCEOFMICHIGAN.ORG/INSURANCE-FACTS/](https://autismallianceofmichigan.org/insurance-facts/)

- Michigan's Autism Insurance Reform legislation went into effect October 15, 2012.
- Public insurance** (under 21) and private companies regulated by the state (through 18) are mandated to cover services (including Behavioral Health Treatment (ABA)) related to the diagnosis and treatment of ASD.
- Self-funded insurance plans are not mandated to provide coverage, but if they do, they may submit reimbursement requests.
- An evaluation and eligibility process is established

AUTISM INSURANCE BENEFITS PLANS BEHAVIORAL HEALTH TREATMENT

- Private Insurance: "Treatment plan"
- Public Insurance
 - "Individual Plan of Service (IPOS)" that includes a Behavioral Plan of Care (e.g., ABA treatment plan)



ABA: TREATMENT OF ASD: PRACTICE GUIDELINES FOR HEALTHCARE FUNDERS AND MANAGERS 2ND EDITION, 2014



Applied Behavior Analysis
Treatment of Autism
Spectrum Disorder:

Practice Guidelines for Healthcare Funders and Managers

2 Essential Practice Elements of ABA

The four core characteristics listed below should be apparent throughout all phases of assessment and treatment in the form of these essential practice elements:

- Comprehensive assessment** that describes specific levels of behavior at baseline and informs subsequent establishment of treatment goals.
- An emphasis on **understanding the current and future value** for social importance of behavior(s) targeted for treatment.
- A practical focus on **establishing small units of behavior** which build towards larger, more significant changes in functioning related to improved health and levels of independence.
- Collection, quantification, and analysis of **direct observational data** on behavioral targets during treatment and follow-up to measure and maintain progress toward treatment goals.
- Efforts to **design, establish, and manage the social and learning environment(s)** to reinforce problem behavior(s) and measure rate of progress toward all goals.
- An approach to the treatment of problem behavior that **links the function** of the reason for the behavior to the programmed intervention strategies.
- Use of a **carefully constructed, individualized and detailed behavior-analytic treatment plan** that utilizes reinforcement and other behavioral principles and includes the use of methods or techniques that lack consensus about their effectiveness based on evidence in peer-reviewed publications.
- Use of **treatment protocols** that are implemented repeatedly, frequently, and consistently across environments and discharge crises are met.
- An emphasis on **ongoing and frequent direct assessment, analysis, and adjustments** to the treatment plan by the behavior analyst based on client progress as determined by observations and objective data analysis.
- Direct support and training of family members and other involved professionals** to promote optimal functioning and promote generalization and maintenance of behavioral improvements.
- A **comprehensive infrastructure** for supervision of all assessment and treatment by a behavior analyst.

OPTIONAL CONTENT



SIMILARITIES AND DIFFERENCES IN DEVELOPMENT AND IMPLEMENTATION OF AN IEP AND ABA TREATMENT PLAN



SCOPE OF PRACTICE

The IEP and IPOS incorporate many of the same principles of behavior and evidence based interventions, but differ in scope, environments, and service providers.

	IEP	IPOS
Scope	FAPE Special Education	ABA Service
Environment	School / LRE	Home, Clinic, Community
Service Providers	General Ed Teachers Special Ed Teachers Related Service Providers Paraprofessionals	BCBA or otherwise licensed

PRIMARY DIFFERENCES BETWEEN INSURANCE COVERED ABA TREATMENT PLAN AND IEP

- Scope and Focus
- ONLY Behavioral Treatment
- Goals & Benchmarks/Objectives
written for shorter time frame
(2 weeks vs. 1 year / 9 week reporting)



IEP INTERFACE WITH BEHAVIORAL HEALTH TREATMENT PLAN

[HTTP://MAASE.PBWORKS.COM/W/FILE/FETCH/123664998/ATTACHMENTF_COLOR.PDF](http://MAASE.PBWORKS.COM/W/FILE/FETCH/123664998/ATTACHMENTF_COLOR.PDF)

ATTACHMENT F

IDEA and AIB "ABA" Interfaces

ABA as Science, Practice, and Service/Techniques	IEP Development & Implementation Practice Elements
<p>Typical <small>Unreproduced text in this column taken from ABA Treatment of ASD: Practice Guidelines for Healthcare Providers and Advocates (ASD) Guidelines, 2nd Edition, 2016</small></p> <p>IDEA <small>IDEA requires that the IEP be developed by a team that includes the child's parents, the child's teacher, and other individuals who have knowledge or expertise regarding the child, including the child's prior teachers, and representatives of the State or local educational agency.</small></p> <ul style="list-style-type: none"> Collecting information systematically regarding behaviors, environments and task demands Comprehensive assessment that describes specific levels of behavior at baseline and informs subsequent establishment of treatment goals An emphasis on understanding the current and future value (or social importance) of behavior(s) targeted for treatment A practical focus on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence Collection, quantification, and analysis of direct observational data on behavior targets during treatment and follow-up to maximize and maintain progress toward treatment goals Adding environments to promote positive behaviors Efforts to design, establish, and manage the social and learning environment(s) to minimize problem behavior(s) and maximize rate of progress toward all goals The reciprocal identification of functional relations between behavior and environmental factors, across on functional assessment and analysis An approach to the treatment of problem behavior that takes the function of (or the reasons for) the behavior to the programmed intervention strategies 	<ul style="list-style-type: none"> Present level of Academic Achievement and Functional Performance (PLAAPF) outlines current (positive) data (compared to peers) describing the impact of the child's disability on the student's ability to be involved in and progress in the general education curriculum, including readiness for postsecondary life (future education/training, future employment, community participation, independent living) An emphasis on needs related to the disability that impact access and progress in general education curriculum and functional performance (activities of daily living, independence, engagement, as well as future education, employment, community participation, independent living) Identification of year-long goals accompanied by benchmarks / objectives calculated to build to achievement of the goals, which in turn advances the student in the general education curriculum that is designed to prepare all students for next steps at the postsecondary level Each benchmark/objective is accompanied by evaluation procedures (including direct observation) and evaluation schedules to monitor progress toward the identified annual goals and the benchmarks / objectives Each IEP has a prompt inquiring whether the student in question engages in behavior that interferes with learning of self or others, and if so, what steps should be taken. Identification of the need for positive behavioral interventions, strategies and supports, including positive behavior support plans and/or environmental adaptations and other antecedent strategies, are tagged in a section of the IEP called "supplemental aids and services" Although IDEA only references Functional Behavioral Assessment as a reactive strategy in the discipline context, case law strongly supports the conclusion and practice that an FBA should be conducted prior to the development of any Positive Behavior Support Plan

IDEA and AIB ABA Interfaces (Page 2 of 2)

ABA as Science, Practice, and Service/Techniques	IEP Development & Implementation Practice Elements
<ul style="list-style-type: none"> Applying reinforcement to promote positive behaviors/promote learning Use of contextual factors, motivating operations, antecedent stimuli, or positive reinforcement The use of other consequences to help individual develop new behaviors, increase or decrease existing behaviors, and meet behaviors under specific environmental conditions Use of a carefully constructed, individualized and detailed behavior-analytic treatment plan that utilizes reinforcement and other behavioral principles and excludes the use of methods or techniques that lack consensus about their effectiveness based on evidence in peer-reviewed publications Teaching techniques to promote positive behaviors, e.g., discrete trial training, modeling, social skills instruction, PECS, pivotal response training, social narratives, self management, prompting, chaining, relation Using locally developed peers Applying technological tools, e.g., video modeling, tablet based learning software Interventions based on scientific research and the direct observation and measurement of behavior and the environment Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until discharge criteria are met An emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis Teaching paraprofessionals to provide individualized interventions for their child Direct support and training of family members and other involved professionals to provide optimal functioning and promote generalization and maintenance of behavioral improvements A comprehensive infrastructure for supervision of all assessment and treatment by a Behavior Analyst 	<ul style="list-style-type: none"> IDEA requires that the IEP decisions on special education, related services, and supplementary aids and services, are to be based on peer-reviewed research to the extent practicable (i.e., "available" per USDOE) While methodology is not always identified in the IEP in order to preserve flexibility for instructional staff, it is not unusual to see references to modeling, social skills instruction, PECS, social stories, self management, prompting, imitation, typically developing peers, and assistive technology in goals ("Given ... the student will ...") and in the Supplementary Aids and Services If needed for a free appropriate public education, methodology would be written into an IEP IDEA requires the IEP to identify what progress monitoring data will be collected and with what frequency. While there is no IDEA mandate on the frequency of reporting progress to parents, it is considered best practice to report progress data on IEP goals to families as often as progress is reported on students without an IEP IDEA requires the IEP to solicit meaningful input of the family including their concerns for the education of their child. With respect to interventions, IDEA identifies "parent counseling and training" as a possible related service. IDEA defines "parent counseling and training" as "assisting parents in understanding the special needs of their child, providing parents with information about child development, and helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP" Administrative supervision of the implementation of the IEP and due process rights for families if the parents disagree with the content of the IEP, or the IEP is not implemented as written

MAASE Guidance Document

Individualized Family Service Plan and
Individualized Education Program Considerations for
Students with ASD Receiving Insurance-based
Treatment/Intervention

A Guidance Document Created by:
MAASE Autism Spectrum Disorder
Community of Practice



INITIAL IMPLEMENTATION RESULTED IN CONFLICTS WITH SCHOOL REQUIREMENTS

Individualized Family Service Plan and
Individualized Education Program Considerations for
Students with ASD Receiving Insurance-based
Treatment/Intervention

MAASE ASD CoP 2nd Edition 2017

Considerations and Implications

8. What are the considerations when requests are made to include autism insurance-based ABA treatment/intervention as a service in the IEP?

Scenario 1

- Child currently receives autism insurance-based ABA treatment/intervention.
- The IEP is created to address disability-related needs relative to the child accessing and progressing in age appropriate activities and the general curriculum. When developing the IEP, the IEP Team considers special education programs, related services, and supplementary aids and services that are reasonably calculated to achieve educational benefit. ABA treatment/intervention is a methodology, and as such is neither required nor encouraged (from a flexibility perspective) to be included as part of the IEP.

10. What should be taken into consideration when a 3rd party therapist or parent requests to observe the child in the school setting?

- Observation requests should be processed in a manner consistent with school visitation policies which typically address advance notice, and other factors such as length and/or frequency of visits.
- Observers/visitors must be cognizant of the privacy rights of other children and conduct themselves in a manner that does not disrupt the educational process for any child.
- Observers are non-participants in classroom activities.
- Observations for the purpose of teacher evaluation are the sole purview of district administration.

IEP CONSIDERATIONS FOR STUDENTS RECEIVING INSURANCE-BASED TREATMENT/INTERVENTION (MAASE, 2017)

ASD Intervention: Service Provision			
Definition	ASD Intervention	ASD Intervention	ASD Intervention: Service Provision (page 4 of 6)
			Insurance Services Early IEP (Part C Only) (0-36 months) • Early IEP (Part C Only) (0-36 months) • Early IEP (Part C Only) (0-36 months)
Service Plan Type	Types of Service	Location of Service	Medical (Related to ASD)
			Behavioral Health Services Medical (Related to ASD)
Plan Development	Types of Service	Location of Service	Private Insurance Medical (Related to ASD)
			Private Insurance Medical (Related to ASD)
Through	Through	Through	Private Insurance Medical (Related to ASD)
			Private Insurance Medical (Related to ASD)

INSURANCE-BASED ABA IS INTENDED TO SUPPLEMENT NOT SUPPLANT OTHER ENTITLEMENTS

- Definition has two components
 - Timewise = cumulative; not overlapping or "borrowing" from other entitlements (ex. IDEA)
 - Content = not duplicative
- Assures that eligible child receives **both**
 - the IDEA entitlement to FAPE which focuses on progress in educational performance, **AND**
 - AIB of behavioral health treatment plan

**MORE IS MORE
NOT EITHER OR**

Morgan VanDenBerg



SUPPLEMENT / NON-SUPPLANT

• Medicaid Provider Manual language

- “[BHT services] may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant services provided in schools or other settings, or to be provided when the child would typically be in school but for the parent’s/guardian’s choice to home-school their child. Each child’s Individual Plan of Service (IPOS) must document that these services do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the child through a local education agency.”



DHHS FAQ

[HTTPS://WWW.MICHIGAN.GOV/DOCUMENTS/MDHHS/ABA_POLICY_PROVIDER_FAQS_514113_7.PDF](https://www.michigan.gov/documents/MDHHS/ABA_POLICY_PROVIDER_FAQS_514113_7.PDF)

Be mindful that the IPOS may only support, *not* supplant, IEP services.

Identify providers with flexible hours to ensure a variety of scheduling options for services before and after school, on weekends, and over school breaks to ensure children have access to their full entitlements under both IDEA and Medicaid.



Autism Awareness, Education and Resources
MICHIGAN Department of Health and Human Services

Medicaid Funded Applied Behavior Analysis (ABA) Services
Documentation of Compliance with Supplement/Non-Supplant Requirement

Supplement/Non-Supplant Requirement: Medicaid Provider Manual states:

“Medicaid-funded ABA Services may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant services provided in schools or other settings, or to be provided when the child would typically be in school but for the parent’s/guardian’s choice to home-school their child. Each child’s Individual Plan of Service (IPOS) must document that these services do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the child through a local education agency.”

Parent: The purpose of this form is to document the scheduling of Medicaid-funded ABA services to ensure that these services supplement and do not supplant the child’s existing school services, i.e., general and special education provided by the child’s local education agency. Therefore, the ABA provider must coordinate with ABA services scheduled that in support of the child’s existing school day schedule. Each ABA IPOS must document that these Medicaid-funded ABA services do not include special education and related services.

Service: Name _____ Date Range: Start _____ End _____
Date of Birth _____ Age _____ Date of Onset of Schedule _____
School _____ IEP/IFSP _____

ABA Provider Schedule Treatment Schedule (03/01/2017-03/31/2017) (03/01/2017-03/31/2017) typically followed by a Behavior Technician. May not use time from services from school schedule. Note: Complete a new documentation form if school schedule changes.

Day	Time	Day	Time	Day	Time	Day	Time	Day	Time
Monday	8:00-9:00	Tuesday	8:00-9:00	Wednesday	8:00-9:00	Thursday	8:00-9:00	Friday	8:00-9:00
Saturday	8:00-9:00	Sunday	8:00-9:00	Monday	8:00-9:00	Tuesday	8:00-9:00	Wednesday	8:00-9:00
Thursday	8:00-9:00	Friday	8:00-9:00	Saturday	8:00-9:00	Sunday	8:00-9:00	Monday	8:00-9:00
Tuesday	8:00-9:00	Wednesday	8:00-9:00	Thursday	8:00-9:00	Friday	8:00-9:00	Saturday	8:00-9:00
Sunday	8:00-9:00	Monday	8:00-9:00	Tuesday	8:00-9:00	Wednesday	8:00-9:00	Thursday	8:00-9:00
Friday	8:00-9:00	Saturday	8:00-9:00	Sunday	8:00-9:00	Monday	8:00-9:00	Tuesday	8:00-9:00

Signatures:

Case Manager/Support Coordinator (Print Name) _____ Signature _____ Date _____

ABA Service Provider (Print Name) _____ Signature _____ Date _____

Document Complete (Print Name) _____ Signature _____ Date _____

www.michigan.gov/autism Downloaded November 2017



PRIVATE INSURANCE — BCBS OF MI NEW DIRECTIONS CRITERIA FOR SERVICE



<https://www.bcbsm.com/content/dam/public/common/documents/bcbsm-no-aba-medical-necessity-criteria.pdf>

- ABA services recommended do not duplicate or replicate services received in the primary academic educational setting, are available within an IEP, or are available by other medical or behavioral health professionals.
- Requested ABA services are focused on / designed to
 - Reduce the gap between chronological and developmental ages to develop or restore function to the maximum extent practical
 - Reduce the burden of targeted symptoms on the individual, family and other significant people in the environment, and to target increases in appropriate alternative behaviors
- Treatment intensity does not exceed the member's functional ability to participate



SUPPLEMENT / NON-SUPLANT

- The Behavior Analyst Certification Board (BACB) document, "[*ABA Treatment of ASD Practice Guidelines for Healthcare Funders and Managers*](#)" includes the following statement:
- "[C]overage of ABA treatment for ASD healthcare funders and managers should not supplant responsibilities of educational and governmental entities."



USE OF THE TERM "MEDICAL NECESSITY" MEDICAID ABA SERVICES

- Coverage of ABA services is provided for Medicaid eligible children under 21 with ASD who meet **medical necessity criteria**.
- Medical necessity and recommendation for ABA services is determined by a **physician** or other licensed practitioner working within their scope of practice under state law.
- The child must demonstrate **substantial functional impairment** in **social communication** and **social interaction** across multiple contexts, and must demonstrate **substantial restricted, repetitive and stereotyped patterns of behavior, interests, and activities** as outlined in DSM-5.

<http://www.michigan.gov/autism/0,4848,7-294-63682---,00.html>



MICHIGAN PUPIL ACCOUNTING MANUAL

[HTTPS://WWW.MICHIGAN.GOV/DOCUMENTS/MDE/2018-19_PUPIL_ACCOUNTING_MANUAL_628112_7.PDF](https://www.michigan.gov/documents/mde/2018-19_PUPIL_ACCOUNTING_MANUAL_628112_7.PDF)

- Special education pupils are to attend the same number of days and hours as is required of any pupil to be counted for a full FTE.
- The IEP team may shorten the school day on an individual basis for medical / emotional reasons with documentation by a licensed physician (individual licensed to practice medicine) to still be counted for a full FTE).
- Prior to placing a pupil on a reduced day, the district must consider it's obligations under FAPE including the use of positive behavioral interventions and supports, as well as other strategies when developing the IEP when behavioral issues impede learning or that of others.

Doctor's statement is NECESSARY but not SUFFICIENT

- Pupils who are being disciplined for behavior (suspended / expelled) do NOT qualify for an IEP reduced schedule (FTE must be prorated)

WHY IS A REDUCED SCHEDULE RISKY BUSINESS?

[HTTPS://WWW.MICHIGAN.GOV/DOCUMENTS/MDE/SHORTENEDSCHOOLDAY_655459_1.PDF](https://www.michigan.gov/documents/mde/SHORTENEDSCHOOLDAY_655459_1.PDF)

- Compulsory Education (age 6+)
- FAPE Requirements: Is a reduced day an equitable education?
- IEP teams make FAPE / LRE decisions not the prescription pad

COLLABORATION



COLLABORATION GOALS

- Seamless Process for Family / Student



- More is More

- Access to all eligible services
- Maximize combined intensity & efficacy of IDEA and Insurance-based Services
- Honor the contribution of each
- Improve student outcomes



MEDICAID PROVIDER MANUAL COLLABORATION REQUIREMENTS

- Coordination with school and/or early intervention program critical to
 - **coordinate treatment**
 - **prevent duplication of services**
- Coordination examples include phone calls, written communication logs, participation in team meetings (IEP/IFSP and IPOS meetings)



EDUCATE YOURSELF & OTHERS

- Terminology
- Requirements
- Protocols
- Practices



TACKLE DISCIPLINARY CHAUVINISM

- Be aware of one's own biases and stereotypes of other professions
- Gain knowledge of colleagues' field specialties and culture
- Ask colleague to recommend articles from their journals to help explain efficacy of their treatments / interventions
- Attend trainings from other specialties and attend trainings together



ITSP AND IEP CONSIDERATIONS FOR STUDENTS RECEIVING INSURANCE-BASED TREATMENT/INTERVENTION (MAASE, 2017)

ASD Intervention: Possible Interfaces for Collaboration

Medical		Considerations for Collaboration: Average Partners
<p>Common screening tools</p> <p>Educating parents on both processes</p> <p>Shared professional development</p> <p>Shared assessment information</p> <p>Shared meeting participation</p> <p>Collaborative transition</p> <p>Shared progress monitoring</p>		<p>• Use of common screening tools by physicians and agency partners</p> <p>• Develop common and agency partners of potential service options and future providers</p>
Medical		Considerations for Collaboration: Average Partners
<p>Early On (Part C only)</p> <p>• Early On is a voluntary program for children ages 0-3 who are at risk of or have a developmental delay or disability. It provides a range of services including early intervention, early childhood education, and early childhood care and support services.</p> <p>• Early On is a voluntary program for children ages 0-3 who are at risk of or have a developmental delay or disability. It provides a range of services including early intervention, early childhood education, and early childhood care and support services.</p> <p>• Early On is a voluntary program for children ages 0-3 who are at risk of or have a developmental delay or disability. It provides a range of services including early intervention, early childhood education, and early childhood care and support services.</p>		<p>• Early On is a voluntary program for children ages 0-3 who are at risk of or have a developmental delay or disability. It provides a range of services including early intervention, early childhood education, and early childhood care and support services.</p> <p>• Early On is a voluntary program for children ages 0-3 who are at risk of or have a developmental delay or disability. It provides a range of services including early intervention, early childhood education, and early childhood care and support services.</p> <p>• Early On is a voluntary program for children ages 0-3 who are at risk of or have a developmental delay or disability. It provides a range of services including early intervention, early childhood education, and early childhood care and support services.</p>
Medical		Considerations for Collaboration: Average Partners
<p>IDEA/McIntyre Mandatory</p> <p>• IDEA/McIntyre Mandatory is a federal law that requires states to provide a free appropriate public education (FAPE) to all children with disabilities. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p> <p>• IDEA/McIntyre Mandatory is a federal law that requires states to provide a free appropriate public education (FAPE) to all children with disabilities. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p> <p>• IDEA/McIntyre Mandatory is a federal law that requires states to provide a free appropriate public education (FAPE) to all children with disabilities. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p>		<p>• IDEA/McIntyre Mandatory is a federal law that requires states to provide a free appropriate public education (FAPE) to all children with disabilities. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p> <p>• IDEA/McIntyre Mandatory is a federal law that requires states to provide a free appropriate public education (FAPE) to all children with disabilities. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p> <p>• IDEA/McIntyre Mandatory is a federal law that requires states to provide a free appropriate public education (FAPE) to all children with disabilities. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p>
Medical		Considerations for Collaboration: Average Partners
<p>Medicaid</p> <p>• Medicaid is a federal and state program that provides health coverage for low-income individuals and families. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p> <p>• Medicaid is a federal and state program that provides health coverage for low-income individuals and families. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p> <p>• Medicaid is a federal and state program that provides health coverage for low-income individuals and families. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p>		<p>• Medicaid is a federal and state program that provides health coverage for low-income individuals and families. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p> <p>• Medicaid is a federal and state program that provides health coverage for low-income individuals and families. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p> <p>• Medicaid is a federal and state program that provides health coverage for low-income individuals and families. It includes provisions for early intervention, early childhood education, and early childhood care and support services.</p>

DHHS FAQ

https://www.michigan.gov/documents/mdhhs/ABA_POLICY_PROVIDER_FAQS_514113_1.PDF

- Establish regional collaboratives to get to know the service providers and school district administrators in your community. Share resources and training opportunities for professional learning.
- Encourage opportunities for schools and providers to share, with parent consent, child-based information (e.g. progress notes, goals, instructional strategies) to aid with IPOS development.
- Encourage communication regarding all services the child is receiving in the IPOS with the school and family.
- Create opportunities to develop the IPOS in complementary alignment with the IEP/IFSP (e.g. request a copy of the plans and review services the child receives in school).
- Promote intra/inter-agency participation at meetings using a variety of meeting modalities (e.g. in-person, phone, Skype) to discuss progress (e.g. IEP, IFSP, IPOS meetings, periodic review meetings, team meetings).



2018 Pediatric Center Collaboration Tool

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Name of Agency & Service Provided		Service Provided				
A	B	C	D	E	F	G
1	Name of Agency & Service Provided	Discrete Skill/Functional Limitation	Condition/Environment	EBP	EBP	EBP
2	CMHCM	Domain	Spontaneous Ma DTT/NET	Language Training		
3		Manding	Mands w/ 4 words DTT/NET	Prompting		
4		Tacting	Generalize tasks DTT/NET			
5			Tact actions w/et DTT/NET			
6			Tact 2 component verb/noun combos			
7		Listener Response	Selects correct items when named			
8			Selects item after verbal statements are made about it			
9		Echolalia	Imitates words from the EESA test			

NAME of Agency & Service Provided

Communication Self Management

Explore

MODELS of SHARING Goals & Outcomes

- Learning Hierarchy (acquisition, fluency, generalization, maintenance)
- Same Skill --- Different Contexts
- Behaviors Across Contexts

EXAMPLE DAILY SERVICE MATRIX: 3RD GRADE

Activity	Challenges Goals	Service Provider Service Environment	Plan of Intervention
Home Morning Routine	<ul style="list-style-type: none"> • Independence • Aggression 	ABA Service (1hr) Home	Service Plan ABA
School Arrival	<ul style="list-style-type: none"> • Independence • Engagement • Social Responsive • Aggression • Reading / Math • Functional Comm • Self Management 	School: Teacher / EA SLP SSW	IEP
R, M, & W			Peer to Peer Support
Science / SS			Visual Schedule
Recess / Lunch / Bathroom		Recess / Lunch Aids	Visual Supports
Specials (Art, Music, Tech)		Teacher / EA SLP SSW	Task Analysis
Assemblies			FCS
Dismissal			Content
Homework			Differentiation
Dinner / Outings			Use of Sr & Prompting
Bedtime			FBA / BIP
	<ul style="list-style-type: none"> • Engagement • Refusals • Tantrums • Aggression • Safety 	ABA Service (4 hrs) Clinic & Home	Service Plan ABA

**QUESTIONS
COMMENTS**
