







## **Special Education**

- Birth to graduation with regular diploma or other appropriate transition exit, not to exceed age 26
- Based upon comprehensive evaluation with eligibility determined as defined in MARSE
- Component of IFSP for MARSE eligible infants and toddlers
- Component of IEP for MARSE eligible students



## Private Insurance

- State Regulated Insurance
  - Mandatory coverage (reimbursed by State) for eligible 0-18 year olds
  - Based on medical diagnosis of ASD
  - Parent initiates eligibility determination process by contacting insurance company's behavioral health representative
- Self-Funded Insurance
  - Voluntary coverage



## Medicaid and MIChild

- Coverage: 18 months 6th birthday
- Eligibility for ABA intervention a 4step process
  - ASD diagnosis by child mental health professional (CMHP) via CMH
  - Independent evaluation by CMHP applying needs-based criteria for ABA
  - Independent assessment for ABA intensity
  - Medicaid agency makes final ABA service determination

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### Individualized Family Service Plan

- ISD/LEA no longer sole "Early On" player
- For children eligible for Medicaid or MIChild and MDCH approved for ABA intervention services
  - CMH is Early On service provider/payor
  - ABA intervention services is early intervention service ("special instruction")



### Transition from IFSP to IEP

- Considerations
  - Is child who receives AIB services Part C-only eligible?
  - What is the parent's vision for the child post-Part C?
    - Add special education (MARSE/Part B eligibility)
    - Continue with AIB services, but no special education
  - Develop Part C Transition Plan that supports parent vision for child



### **IEP Considerations**

- IEP "wrinkles" -- Requests that...
  - district formulate reduced day IEP/program to allow AIB to be provided during school day
  - list AIB services in the IEP
  - allow provision of AIB services in the school setting
  - staff implement AIB-related protocols in the classroom
  - ABA therapist "observe" in the classroom
  - non-AIB ABA be added as an IEP service

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Possible Interfaces for Collaboration Consideration Consideration Consideration (Consideration for Collaboration						
	Early On (Part Conly)	Special Education	Private Insurance	Medicald and MiChild	Amongst Partners	
Screening	<ul> <li>With parent consent, may screen to see whether the child is <u>suspected</u> of having a disability</li> </ul>	<ul> <li>Not addressed, except as general education tool for determining teaching strategies</li> </ul>		• M-CHAT, SCQ	<ul> <li>Use of common screening tools to physicians and agency pathies</li> </ul>	
Referral	<ul> <li>Hospital, physician, parent, child carelearly learning programs, LEIs and schools, patic health facilities, other publishesial service agencies, other clinics and health care provides, child writing systems agencyl staff, child protective service, and toster care, horselessionness volumes shaters</li> </ul>	Parent, School personnel,	Perent	Primary care physician, parent	Educate parents and agency partners of potential service options and referral processes	
Required Evaluation Participants	<ul> <li>A multidis oplinary evaluation, no specific disciplines identified. May be performed by one person if qualified in more than 1 appropriate discipline.</li> </ul>	Multids dplinary evaluation team: psychologist, social worker, speech and language theranist.	<ul> <li>Licensed physician or licensed psychologist</li> </ul>	Child mental health professional (CMHP)	Shared professional developmen     Reduction of redundant     assessment	
Evaluation Tools	<ul> <li>Middical records for diagnosis of established condition with high probability of developmental diday.</li> <li>Developmental diday esculation instrument, child historylerb on strengtharbest from parent inferview, and other sources, identification of childs level of function in cognitive application, adaptive development, record review informatic limits development, record review informatic limits development, record review.</li> </ul>	No specific bods mandated     Evaluation beam selects bold     based upon evaluation plan     May or may not include the     Autism Diagnostic Observation     Similar (ADDS-2) or Autism     Diagnostic Interview-Revised     (ADHR)	Must include an "satisfar diagnostic observation schedule" (e.g., ADOS-2) approved by the insurance commissioner.	Mastholade ADDS-2     Developmental family history interfere (e.g., ADLR) completed by clinican with advanced training in ADLR administration.	Shared professional developmen     Reduction of redundant     ass esoment	
Eligibility: Determination of Impairment/ Diagnosis	<ul> <li>Established condition (diagnosed, physical or martial condition with high probability of result in developmental dialoy), or</li> <li>Developmental diagnof 20% or more in 1 or more developmental demains or score of one standard devision below mean</li> </ul>	Michigan Mandatory Special Education ASD criteria     IEP team determination	tissues     ADOS-2 administered by licers of physician or licens of psychologist	DSM-5     Diagnosis of ASD must be validated by physician fully licems of psychologist if ADDS-2 not administered by same	<ul> <li>Shared professional developmen so service providers can clarify to parents that variations in agency eligibility determination/dagnosis processes can lead to different outcomes</li> </ul>	
Eligibility for Services	<ul> <li>With the ocception of service coordination, Early On is not an independent source of services.</li> <li>The IP 2P team will identify critic and tamily outbornes, and needed early intervention services. Eligibility for each early intervention services is catalished by the agency from which the service will be obtained.</li> </ul>	<ul> <li>An advene impact with to the other that special education program and/or senices is necessary</li> </ul>	Must be determined to be medically necessary	<ul> <li>Independent CMFIP evaluation applies needs-base of criteria to determine ABA senice eligibility.</li> <li>Independent licens ed psychologist assessare cognitive and adaptive behavior to determine ABA senice informity.</li> <li>Medicaid agency makes final determination of ABA services</li> </ul>	<ul> <li>Shared professional developmen so service provides can clarify to parents that variations in agency eligibity determination diagnosis processes can lead to different outcomes</li> </ul>	
Plan for Service	The IPSP Team develops an individualized plan identifying present levids of performance, needs, measurable outcomes, and early intervention services to support skill development     Dasad on per-neviewed research to the extent possible (available)	IPSP Team or IIPP Team develops an individualized plan identifying present levels of performance, needs, goals, and programs and services to support skill development.     Based on prem-mill eved research to the extent possible.	Treatment plan developed by a boad certified or it emed powide when prescribed or oddered by a licensed physician or it consect polyphologist Behavioral health treatment means evidence-based ownseling/steatment programs	Person centered Planning process results in an individual Plan of Service (IPOS)     "Established beatments"	<ul> <li>Create opportunity to develop IFSPs in collaborative fashion</li> <li>Treatment plan and IPOS should supplement and not supplant IEP services</li> </ul>	
Service Provision	Pursuant to the IPSP	Pursuant to IEP	Pursuant to treatment plan	<ul> <li>Pursuant to IPOS which must comply with MSA 13-09 for children 18 months-6 years of age</li> </ul>	Capitalize on opportunity for service providers to collaborate p developed plans     Scheduling of services to supplement IEP services versus.	

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