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

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Introduction

Purpose

In 2012, the Michigan legislature enacted three laws that collectively provide private and public insurance coverage for treatment/intervention of children with autism spectrum disorders. These three laws are commonly referred to as the autism insurance benefit (AIB) legislation. Implementation of this legislation has resulted in a series of questions regarding the interface between these insurance benefits and the Individualized Family Service Plan (IFSP) and Individualized Education Program (IEP) processes and implementation. This document provides educators with considerations for responding to these questions within state and federal legal requirements and educationally relevant parameters. Although these questions are not necessarily new or unique, their frequency is increasing due to this legislation[1].

Reference Materials

Many reference materials were utilized in the development of this document. Hyperlinks have been added to provide the reader with an electronic version of support documents for ease of reference. Included are the following frequently cited documents:

The Individuals with Disabilities Education Act Regulations
The Medical Services Administration Bulletin 13-09
The Michigan Administrative Rules for Special Education
The State Autism Plan
The Autism Insurance Legislation

Additional resource information is located on the MAASE ASD Community of Practice Wiki. (http://maase.pbworks.com/w/page/9881701/FrontPage)

Terms and Acronyms: Acronyms are frequently used throughout the document, with some of the more frequently used terms identified below. The glossary contains a brief definition of these commonly used acronyms, as well as others used throughout this document.

ABA	Applied Behavior Analysis
AIB	Autism Insurance Benefit
FAPE	Free Appropriate Public Education
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IDEA	Individuals with Disabilities Education Act
LRE	Least Restrictive Environment
MSA	Medical Services Administration
MARSE	Michigan Administrative Rules for Special Education
MDCH	Michigan Department of Community Health
MMSEA	Michigan Mandatory Special Education Act

[1]This document is intended to provide a basic level of understanding on issues related to the autism insurance benefit legislation and its interface with the delivery of special education. The information in this document is presented with the understanding that the MAASE Community of Practice is not engaged in the rendering of legal or other professional services through this document. If legal advice or other expert assistance is required, the services of an appropriate competent professional should be sought.

Table of Contents – Questions

The Individualized Family Service Plan

	Considerations and Implications
1. *What considerations are triggered in the IFSP process when the Part C eligible infant/toddler receives ABA intervention benefits through Medicaid or MIChild?*	• The IFSP contains early intervention services intended to meet the unique needs of the child and family. These needs are reflected in parent prioritized outcomes. • Medicaid and MIChild Autism benefit is administered by the Michigan Department of Community Health (MDCH). MDCH is a public agency party to the Michigan Part C Interagency Agreement and an early intervention service provider. • If the parent has prioritized outcomes in the IFSP process that necessitate Part C "special instruction" (34 CFR 303.13(b)(14)) that the Medicaid and MIChild intervention benefit would address, the service is listed as an early intervention service and MDCH is recorded as the payor.
2. *What considerations for Part C "special instruction" are triggered when a child has dual entitlements for special education under Michigan Mandatory Special Education Act (MMSEA) and ABA intervention benefits under Medicaid and MIChild?*	• ABA is an umbrella term that encompasses the systematic application of a variety of scientifically-based practices to improve socially significant behavior. Identification of special education programs and services for children with disabilities under MMSEA does not generally include specification of ABA intervention or a particular ABA practice (e.g., discrete trial training). This is considered a methodology decision best left to the professional discretion of service providers. • Part C allows for the use of public insurance for Part C services with appropriate notification and parent consent. However, districts contemplating identification of ABA intervention as special education, claiming it as "special instruction" on the IFSP, and seeking reimbursement from Medicaid or MIChild may be presented with a "may supplement but not supplant" refusal by Medicaid or MIChild. MSA Bulletin 13-09 states that each child's individual plan of service must document that these services do not include special education and related services as defined in the Individuals with Disabilities Education Act (IDEA) and available to the child through the local education agency. By analogy, the same reasoning would appear to apply to special education and related services provided in an IFSP under MMSEA.

	Considerations and Implications
3. *What considerations are triggered in the IFSP process when the Part C eligible infant/ toddler is suspected of having ASD as defined in MSA Bulletin 13-09 and is NOT currently receiving ABA intervention benefits through Medicaid or MIChild?*	• If the parent has prioritized outcomes in the IFSP process that necessitate "special instruction" as defined in IDEA Part C (34 CFR 303.13(b)(14)), the appropriate services would be listed on the early intervention services page of the IFSP form to address the "special instruction". • If the parent wants to pursue the ABA intervention benefit as a way to address the "special instruction" need, the IFSP team would list a description of the steps the service coordinator may take to support the family's efforts to obtain the Medicaid or MIChild Autism benefit under "Other Supports and Services" on the IFSP form. • If a Medicaid or MIChild ABA benefit is secured, an IFSP review is conducted. If it is determined that there is still a prioritized outcome that necessitates this service, it is listed on the early intervention services page of the IFSP. • **Note:** If not previously evaluated for ASD eligibility under MARSE, and the Part C eligible infant/toddler is now also suspected of meeting MARSE ASD criteria, a request for a special education evaluation would also be made.
4. *What considerations are triggered in the IFSP process when the Part C eligible infant/toddler is suspected of having ASD as defined in the autism insurance benefit legislation and possibly qualifying for ABA treatment benefits through private insurance?*	• If the parent wants to pursue private insurance-funded ABA treatment as a supplemental way (i.e., not required or funded under IDEA Part C) to address needs, the IFSP team would list a description of the steps the service coordinator may take to support the family in its effort to apply for this insurance coverage. Such steps (e.g., provide information to the family on how to contact family's Behavioral Health Representative of the family's insurance provider) are listed under "Other Supports and Services" on the IFSP form. • If the parent secures these supplemental ABA treatment services, an IFSP review is conducted. The services are listed under "Other Supports and Services" on the IFSP form to reflect that the child is receiving services through other sources that are neither required nor funded under Part C. • **Note:** If not previously evaluated for ASD eligibility under MARSE, and the Part C eligible infant/toddler is now also suspected of meeting MARSE ASD criteria, a request for a special education evaluation would also be made.

Transition from IFSP to IEP

	Considerations and Implications

5. *What considerations are triggered when a child currently receiving autism insurance benefit services transitions from IDEA Part C eligibility to IDEA Part B (no later than the 3rd birthday)?*	**Scenario 1**
	The child is only Part C eligible prior to transition planning despite a prior suspected disability under MMSEA.
	• Under this scenario, the parent has previously either refused consent for a special education evaluation or refused consent for the initial provision of special education services. This scenario may include children with Medicaid or MIChild ABA intervention services listed as "special instruction" on the IFSP, or private insurance ABA treatment listed as "Other Supports and Services" on the IFSP. Transition considerations would include:
	  • Transition planning involves discussion of a referral for an evaluation for special education eligibility under Part B and MARSE.
	  • If the parent provides written consent, the evaluation is completed and an IEP team meeting is convened to consider the evaluation results and determine eligibility. If eligible, the IEP team develops an IEP which contains an initial offer of Part B special education programs and services that are reasonably calculated to ensure that the child achieves educational benefit with respect to progress on goals and objectives.
	
	Scenario 2
	The child is dually eligible under both Part C and MMSEA.
	• Part B is a federal law that mandates special education services for eligible students with disabilities ages 3-21. MMSEA is a state law that mandates special education services for eligible students with disabilities from birth to graduation from high school or age 26, whichever occurs first. The MARSE criteria for determining eligibility for special education are identical for Michigan children before and after age 3.
	• Unless the parent revokes consent for special education services, it would be difficult to conceive of a situation where special education eligibility ceased merely because the child turned three years of age.
	• The IFSP will be replaced by the initial Part B IEP. The IEP documents the local education agency's offer of special education programs and services that are reasonably calculated to ensure that the child achieves educational benefit with respect to progress on goals and objectives.

	Considerations and Implications

6. *What unique considerations arise when the first IEP document under Part B is developed for children with pre-existing autism insurance benefit (AIB) services?*	The purpose of this document is not to provide a tutorial on IEP development. However, to facilitate determination of special education programs and services for children with ASD who are coming into their first IEP with pre-existing AIB services, IEP team members should:
	• Review all record information regarding interventions (including intensity of the interventions) and the child's response (i.e., progress/benefit) including the role of "special instruction" if included in the IFSP.
	  • Example: If the IFSP "special instruction" is identified as a service under MARSE, the IEP team would examine whether there are any changed circumstances that would require the modification of these programs and services when the initial IEP document is written.
	  • If ABA intervention services are provided by private insurance and listed under "Other Supports and Services" in the IFSP, these services would not be listed in the IEP, because Part B does not require the listing of "Other Supports and Services" as IEP content.
	• Consider whether proposed interventions (e.g., special education and related aids and services) fulfill IDEA requirements to be:
	  • Supported by "peer reviewed research to the extent practicable".
	  • Reasonably calculated to achieve educational benefit on goals and objectives, while addressing the LRE mandate. Note: When there is a conflict between FAPE and LRE, FAPE trumps LRE.
	• Discriminate between special education programs (e.g., classroom program) and services (e.g., occupational therapy) and methodology (e.g., specification of ABA intervention or a particular ABA practice).
	  • There is a long history in special education case law supporting the conclusion that methodology should be left to the discretion of the service providers. The exercise of this discretion comes with the responsibility to make modifications should data suggest that the child is not making adequate progress with the current methodology. While in most cases, the flexibility to utilize a variety of methodologies to meet the unique needs of the child is preferable and therefore not included in the IEP, there may be times when the IEP team determines that the unique needs of the child are best met by specifying a particular adapted instructional method in the IEP.
	• Discuss and consider in the IEP process any parent request that the IEP identify a particular methodology.
	  • Although methodology, as stated above, is generally recognized in case law as a matter for the service provider to decide, a district should not summarily dismiss a parent's methodology request. This is especially important because a parent may be understandably confused about the difference between methodology and special education and related services since MSA Bulletin 13-09 describes ABA as an autism "service" and the AIB legislation outlines a treatment plan (albeit medical in nature) that includes goals and objectives and lists similar types of service providers.
	  • If the IEP team determines that a specific methodology is necessary for FAPE, it is documented in the IEP. If the IEP team determines that a specific methodology is not necessary for FAPE, its consideration and the reason for rejecting the methodology will be reflected in the notice provided to the parent by the district.

IEP Considerations

	Considerations and Implications
7. *What considerations are triggered in the development of an IEP when the parent seeks to access ABA treatment/intervention through private or public autism insurance benefits during the school day?*	**Scenario 1** The parent requests push-in or pull-out ABA services for a preschool-age child whose IEP requires an early childhood special education (ECSE) program. • Medicaid Services Administration Bulletin 13-09 states that the Medicaid and MIChild (public) autism insurance benefit is intended to supplement and not supplant an offer of FAPE: "These supports may serve to reinforce skills or lessons taught in school, therapy or other settings, but are not intended to supplant services provided in school or other settings or to be provided when the child would typically be in school but for the parent's choice to home-school the child. Each child's plan 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 individual beneficiary through a local education agency." • While the autism insurance benefit legislation for private insurance companies contains no "supplement but not supplant" language, the IDEA FAPE mandate nonetheless stands as a district obligation. • For many preschool-age children, special education needs (i.e. FAPE) are addressed in an ECSE program scheduled for less than a traditional full school day. If this is the case, it is possible for the parent to schedule supplementary ABA treatment/intervention outside of the ECSE school day. Nonetheless there are some parents who might still pursue private autism insurance-based ABA treatment during ECSE program time as a matter of convenience (e.g., the parent is working and unable to transport the child to the ABA provider). • Failure to make an offer of a FAPE could result in district exposure for a potential due process hearing for up to two years from the onset of the failure. Therefore, in all circumstances, the IEP Team must take care to: 1. Assure that the IEP offer of FAPE is reasonably calculated to support the child's progress on goals and objectives developed to meet the child's unique disability-related needs; 2. Avoid the temptation to count on autism insurance-based ABA treatment/intervention as a way to reduce the school-funded FAPE program, services, or costs; and/or 3. Avoid the temptation to "bargain" an IEP that trades needed intensity (frequency and/or time of programs and services) to satisfy a parent request. If the parent request for push-in or pull-out autism insurance-based ABA treatment is made during the IEP process, documentation of any refusal is made as part of the prior written notice. • **Note:** There may be some preschool-age children with autism spectrum disorder for whom FAPE requires more intensive special education intervention that may approximate a traditional 6-hour school day. Scenario 2 (next page) details potential implications associated with parents seeking autism insurance-based ABA treatment during the school day in this situation.

	Considerations and Implications
7. *(Continued from previous page) What considerations are triggered in the development of an IEP when the parent seeks to access ABA treatment/intervention through private or public autism insurance benefits during the school day?* • **Note:** These possible parent actions are provided as legal background for school personnel and not as "talking points" when a parent requests a reduced school day program or expresses the intent to schedule ongoing appointments for ABA treatments during the regular school day.	**Scenario 2** The parent of a K-12 student with autism spectrum disorder requests a reduced school day to access private ABA treatment during school hours. • **Note:** A district should not receive a request for Medicaid or MIChild ABA intervention during school hours as this is a disallowed service during school hours (MSA Bulletin 13-09). • In making this request, the parent should consider: 1. The child has a right to both FAPE/LRE which occurs in a full school day AND supplemental ABA services. A request for a reduced school day is a request for less than the child's full entitlement. 2. The impact of partial-day attendance on the quantity and quality of academic, social, and communication learning opportunities: structure/routine, consistency/predictability, opportunities for participation/engagement, independence, and peer interaction. • In consideration of this request, the IEP team must: 1. Assure that the IEP offer of FAPE is reasonably calculated to support the child's progress on goals and objectives developed to meet the child's unique disability related needs; 2. Avoid the temptation to count on autism insurance-based ABA treatment/intervention as a way to reduce the FAPE load; and/or 3. Avoid the temptation to "bargain" an IEP that trades needed intensity (frequency and/or time of programs and services) to satisfy a parent request. If the parent request for a reduced school day is made during the IEP process, documentation of any refusal is made as part of the prior written notice. **Summary of Scenario 1 and 2** • A proposal for a reduced school day (from school or parent) must be addressed with extreme caution because it is rare that a reduced school day meets FAPE/LRE requirements. In the few cases where a challenged reduced school day has been upheld, the students were found to be medically or psychiatrically fragile and unable to tolerate a full school day, or the reduced day was used as an interim measure in the context of severe behavioral issues and included in a behavior intervention plan to return the student incrementally to a full-day placement. FAPE must be based upon the student's needs, and not administrative or parental convenience. • Attendance-related issues that arise despite discussion of the school and parent considerations outlined above. • If the offer of a FAPE includes a full-day program, and the child regularly misses school to access private ABA treatment, the district may need to address unexcused absences with truancy intervention. • If the offer of a FAPE includes a full-day program, and the parent continues to desire private ABA treatment during the school day, the parent may propose and/or take some alternative actions to avoid attendance issues, including: 1. Parent operates a home education program. 2. Parent registers as a home school, provides core instruction, and receives auxiliary services – but not FAPE. 3. Parent registers as a home school (Scenario 2), and explores shared-time arrangement with the public school for non-core classes. 4. Parent obtains and presents the district with a medical excuse for

	the prescribed ABA therapy.
	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?*
 	
And
 	
What challenges/ obligations does a district face if autism insurance-based ABA treatment/intervention is included 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.
	• Autism insurance benefit treatment/intervention is a supplement to a FAPE, and does not supplant the district's obligation to provide a program and/or services to address identified needs of the child. An ongoing private therapy should not be included in an IEP to "authorize" a private provider to use the school as the location of the service or to prematurely address what may happen in the future (e.g., parent's loss of autism benefit, child ages-out of eligibility for autism benefit, exhaustion of annual insurance benefit).
	• If a district includes private therapy as a required service (e.g., program, service) in the IEP, it should understand that the inclusion in the IEP converts it from a private therapy to a FAPE (district) responsibility.
	
	Scenario 2
	Child is no longer eligible for autism insurance-based ABA treatment/ intervention.
	• In addressing a parent request for the district to take over (include in the child's IEP) the provision of ABA treatment/intervention previously received as an autism insurance benefit, the IEP team should:
	  • Review prior record information regarding interventions (including intensity of the interventions) and the child's response (i.e., progress/benefit).
	  • Consider whether the existing IEP or alternative proposed special education and related aids and services fulfill the following IDEA requirements to be:
	  • Supported by "peer reviewed research to the extent practicable".
	  • Reasonably calculated to achieve educational benefit on goals and objectives, while addressing the Least Restrictive Environment mandate. **Note:** When there is a conflict between FAPE and LRE, FAPE trumps LRE.
	  • Discriminate between special education programs and services and methodology.
	  • There is a long history in special education case law supporting the conclusion that methodology should be left to the discretion of the service providers. The exercise of this discretion comes with the responsibility to make modifications should data suggest that the child is not making adequate progress with the current methodology. While in most cases, the flexibility to utilize a variety of methodologies to meet the unique needs of the child is preferable and therefore not included in the IEP, there may be times when the IEP team determines that the unique needs of the child require the identification of a particular adapted instructional method in the IEP.

	Scenario 2 continued on next page…

	Considerations and Implications

Scenario 2 Continued…	• Discuss and consider in the IEP process any parent request that the IEP identify a particular methodology.
	  • Although methodology, as stated above, is generally recognized in case law as a matter for the service provider to decide, a district should not summarily dismiss a parent's methodology request. This is especially important because a parent may be understandably confused about the difference between methodology and special education and related services since the MSA Bulletin 13-09 describes ABA as an autism "service" and the autism insurance benefit legislation outlines a treatment plan (albeit medical in nature) that includes goals and objectives and lists similar types of service providers.
	  • If the IEP team determines that a specific methodology is necessary for FAPE it is documented in the IEP. If the IEP team determines that a specific methodology is not necessary for FAPE, its consideration and the reason for rejecting the methodology will be reflected in the prior written notice provided to the parent by the district.

9. *What should be taken into consideration when a 3rd party therapist or parent requests to provide an autism insurance-based ABA treatment/ intervention in the school setting?*	• The request to provide autism insurance-based ABA treatment/ intervention in the school may be motivated by convenient access to the child or the desire by the third party therapist or parent to work on the generalization of skills. Such a request may seek access to the child:
	  1. In the classroom during scheduled instructional time (i.e., "push in");
	  2. In the school building during the school day, but not in the classroom (i.e., "pull-out"); or
	  3. In the school building after the scheduled instructional day.
	• When responding to requests of this nature, the district must consider the following questions:
	  1. How does the request impact its obligation to offer and implement FAPE? (i.e., the autism insurance benefit treatment/intervention should supplement, and not supplant)
	  2. How does the request impact its obligations under FERPA for all children?
	  3. How does the request impact district collective bargaining agreement obligations? (e.g., ABA tech functions as a defacto paraprofessional?)
	  4. How does the request impact the educational program for all children in the classroom? (e.g., Disruptive to instruction?)
	  5. How does the request impact liability issues with regard to the 3rd party therapist? (e.g., Who is responsible for supervision and/or actions of the 3rd party?)

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.

	Considerations and Implications

11. *What should be taken into consideration when a 3rd party therapist or parent requests to train school staff in ABA treatment/intervention?*	• Consideration will vary with the context of the request.
	  • The ABA therapist is observing in the classroom and perceives an "ABA teachable moment". This situation is addressed in question 4.
	  • The reference to staff training is presented as a capacity building benefit in the context of a therapist/parent request to provide autism insurance-based ABA treatment "push-in" services in the classroom during the school day. This is further discussed in question 3.
	  • The child is receiving supplemental autism insurance-based ABA treatment and the parent wishes the district to adopt this methodology as well. This request should be processed in an IEP team meeting as discussed in question 2.

12. *What IEP considerations are posed by references to evidence-based practices (EBP) in the State Autism Plan and/or autism insurance benefit language, or by a parent request that such practices be included in the IEP?*	• IDEA requires that decisions about special education programs, related services, and supplementary aids and services be based upon "peer reviewed research" to the extent possible (available) rather than evidence-based practices. • In discussion accompanying the issuance of IDEA regulations in 2006, the United States Department of Education (USDOE) declined to define "peer reviewed research", but did indicate that "evidence-based practices" is a lesser standard. • If the parent makes a request in the IEP process for a particular evidence-based practice, the request should be considered and a determination made as to whether or not it is necessary in order to provide FAPE to the child. For further review, see question 2 scenario 2. • If an evidence-based practice is included in the IEP, the IEP team should consider whether supports are necessary for fidelity of implementation as well as how implementation is documented.
13. *What considerations should be addressed to enhance collaboration between special education and autism insurance-based processes and providers?*	• Prior to the autism insurance benefit legislation, special education was the primary source of intervention for children with autism spectrum disorder. The special education process includes referral, evaluation, and for eligible students, interventions provided through special education programs and/or services detailed in an IEP. The autism insurance benefit legislation supplements the special education process with parallel processes culminating in either a treatment plan for private insurance, or an individual plan of service (IPOS) for children who access a public insurance benefit (Medicaid and MIChild). • The table on the following page illustrates the potential interfaces between special education and autism insurance benefits, as well as potential areas of collaboration both on an individual child and systems basis.

ASD Intervention: Possible Interfaces for Collaboration

	Early On (Part C only)	Special Education	Private Insurance	Medicaid and MIChild	Considerations for Collaboration Amongst Partners
Screening	• With parent consent, may screen to see whether the child is suspected of having a disability	• Not addressed, except as general education tool to determine teaching strategies		• M-CHAT, SCQ	• Use of common screening tools by physicians and agency partners
Referral	• Hospital, physician, parent, child care/early learning programs, LEAs and schools, public health facilities, other public/social service agencies, other clinics and health care providers, child welfare systems agency/staff, child protective service, and foster care, homeless/domestic violence shelters	• Parent, school personnel	• Parent	• Primary care physician, parent	• Educate parents and agency partners of potential service options and referral processes
Required Evaluation Participants	• A multidisciplinary evaluation; no specific disciplines identified. May be performed by one person if qualified in more than 1 appropriate discipline	• Multidisciplinary evaluation team: psychologist, social worker, speech and language therapist	• Licensed physician or licensed psychologist	• Child mental health professional (CMHP)	• Shared professional development • Reduction of redundant assessment
Evaluation Tools	• Medical records for diagnosis of established condition with high probability of developmental delay • Developmental delay = evaluation instrument, child history/information on strengths/needs from parent interview, and other sources, identification of child's level of function in cognitive, physical, communication, social/emotional and adaptive development, record review • Informed clinical opinion	• No specific tools mandated • Evaluation team selects tools based upon evaluation plan • May or may not include the Autism Diagnostic Observation Schedule (ADOS-2) or Autism Diagnostic Interview-Revised (ADI-R)	• Must include an "autism diagnostic observation schedule" (e.g., ADOS-2) approved by the insurance commissioner	• Must include ADOS-2 • Developmental family history interview (e.g., ADI-R) completed by clinician with advanced training in ADI-R administration	• Shared professional development • Reduction of redundant assessment
Eligibility: Determination of Impairment/ Diagnosis	• Established condition (diagnosed, physical or mental condition with high probability of result in developmental delay), or • Developmental delay of 20% or more in 1 or more developmental domains or score of one standard deviation below mean	• Michigan Mandatory Special Education ASD criteria • IEP team determination	• DSM-5 • ADOS-2 administered by licensed physician or licensed psychologist	• DSM-5 • Diagnosis of ASD must be validated by physician/fully licensed psychologist if ADOS-2 not administered by same	• Shared professional development so service providers can clarify to parents that variations in agency eligibility determination/diagnosis processes can lead to different outcomes
Eligibility for Services	• With the exception of service coordination, Early On is not an independent source of services • The IFSP team will identify child and family outcomes, and needed early intervention services. Eligibility for each early intervention service is established by the agency from which the service will be obtained.	• An adverse impact exists to the extent that a special education program and/or services is necessary	• Must be determined to be medically necessary	• Independent CMHP ***evaluation*** applies needs-based criteria to determine ABA service eligibility • Independent licensed psychologist ***assesses*** cognitive and adaptive behavior to determine ABA service intensity • Medicaid agency makes final determination of ABA services	• Shared professional development so service providers can clarify to parents that variations in agency eligibility determination/ diagnosis processes can lead to different outcomes
Plan for Service	• The IFSP Team develops an individualized plan identifying present levels of performance, needs, measurable outcomes, and early intervention services to support skill development • Based on peer-reviewed research to the extent possible (available)	• IFSP Team or IEP Team develops an individualized plan identifying present levels of performance, needs, goals, and programs and services to support skill development • Based on peer-reviewed research to the extent possible	• Treatment plan developed by a board certified or licensed provider when prescribed or ordered by a licensed physician or licensed psychologist • Behavioral health treatment means evidence-based counseling/treatment programs	• Person-centered Planning process results in an Individual Plan of Service (IPOS) • "Established treatments"	• Create opportunity to develop IFSPs in collaborative fashion • Treatment plan and IPOS should supplement and not supplant IEP services

Service Provision	• Pursuant to the IFSP	• Pursuant to IEP	• Pursuant to treatment plan	• Pursuant to IPOS which must comply with MSA 13-09 for children 18 months-6 years of age	• Capitalize on opportunity for service providers to collaborate per developed plans • Scheduling of services to *supplement* IEP services versus *supplanting* of services

Sources: MSA 13-09, Michigan Administrative Rules for Special Education (MARSE), Autism Legislation. Chart created by: Autism CoP, MAASE December 2013 13

Glossary of Acronyms and Terms

Acronym	Term	Definition
ABA	Applied Behavior Analysis	Applied Behavior Analysis (ABA) is a process of systematically applying a variety of scientifically-based practices to improve socially significant behavior (e.g. those important for successful functioning in a variety of environments). ABA is founded in the scientific principles of behavior and learning and include, but are not limited to, functional communication training, discrete trial training, reinforcement, prompting, incidental teaching, schedules, naturalistic teaching, shaping, and pivotal response training.
ADI-R	Autism Diagnostic Interview - Revised	A structured interview tool used to diagnose autism, plan treatment, and distinguish autism from other developmental disorders.
ADOS-2	Autism Diagnostic Observation Schedule	An instrument that may be used in the diagnostic and assessment process for autism spectrum disorder.
AIB	Autism Insurance Benefit	Includes three pieces of Michigan legislation: SB414, SB415, SB981
ASD	Autism Spectrum Disorder	Multiple definitions exist. For the purpose of this document references are to the MARSE: R 340.1715, and the DSM-5: 299.00(F84.0).
BCBA	Board Certified Behavior Analyst	Provide descriptive assessment, functional analysis, and consultation in the development of teaching and behavior management programs.
CMHP	Child Mental Health Professional	An individual with specialized training in the examination, evaluation, and treatment of minors and their families.
CFR	Code of Federal Regulations	A compendium of rules promulgated by federal agencies to implement federal laws over which that agency has jurisdiction. Regulations promulgated by the USDOE are located in 34 CFR.
DSM-5	Diagnostic and Statistical Manual – Fifth Edition	A universal authority for the diagnosis of psychiatric disorders. This most recent revision was published on May 18, 2013.
ECSE	Early Childhood Special Education	A term used to describe special education and related services for children age 3-5.
FAPE	Free Appropriate Public Education	An individualized plan for the delivery of special education programs and services provided to a specific individual with a disability to enable progress in age-appropriate activities or the general education curriculum.
IPOS	Individual Plan of Service	Developed through the Person Centered Planning (PCP) process, the IPOS includes information about the individual, goals and outcomes, and the services needed to achieve those goals and outcomes.
IEP	Individualized Education Program	A plan developed by a team, for eligible students with disabilities under state and federal special education law, that describes the offer of free appropriate public education in the least restrictive environment, including special education, and/or related services, and/or supplementary aids and services.
IFSP	Individualized Family Service Plan	A plan for infants and toddlers (birth-3) that includes early intervention services. The IFSP may also include special education if the child qualifies

		for special education under the MARSE.

Acronym	Term	Definition
IDEA	Individuals with Disabilities Education Act	Federal special education law originally enacted in 1975 with periodic reauthorizations, the most recent being 2004. IDEA mandates the provision of FAPE for eligible students with disabilities age 3-21.
LRE	Least Restrictive Environment	A student with a disability has an opportunity to be educated with non-disabled peers, to the greatest extent appropriate.
MARSE	Michigan Administrative Rules for Special Education	A set of state promulgated rules that govern the delivery of special education programs and related services.
Medicaid		A government funded health insurance coverage program for persons of all ages, whose income and resources are insufficient to pay for health care.
MSA	Medical Services Administration	The office within the Michigan Department of Community Health that has primary oversight of Michigan's Medicaid program, which includes administration of the Medicaid and MIChild programs.
MDCH	Michigan Department of Community Health	Responsible for health policy and management of the state's health, mental health, and substance use care systems.
MIChild		A health insurance program for uninsured children of Michigan's working families.
MMSEA	Michigan Mandatory Special Education Act	A state law mandating the provision of special education services for persons with disabilities birth – 26 years of age who have not been granted a regular high school diploma.
Part B		The part of IDEA that covers the special education for eligible students with disabilities age 3-21.
Part C		The part of IDEA that covers early intervention services for eligible infants and toddlers with disabilities birth – age 3.
Special Education		Specially designed instruction identified in Part B of IDEA for children 3-21.
Special Instruction		A term defined in Part C for children birth-3 that includes: • The design of the learning environment and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas including cognitive processes and social interaction (family as teacher); • Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability (family as teacher); • Providing families with information, skills, and support related to enhancing the skill development of the child (family as teacher) and; • Working with the infant or toddler with a disability to enhance the child's development (direct instruction of child).
USDOE	United States Department of Education	The federal agency that promulgates education rules and has the responsibility for oversight of implementation of IDEA.


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