Autism Policy Updates

Considerations for Improving Access to ASD Services

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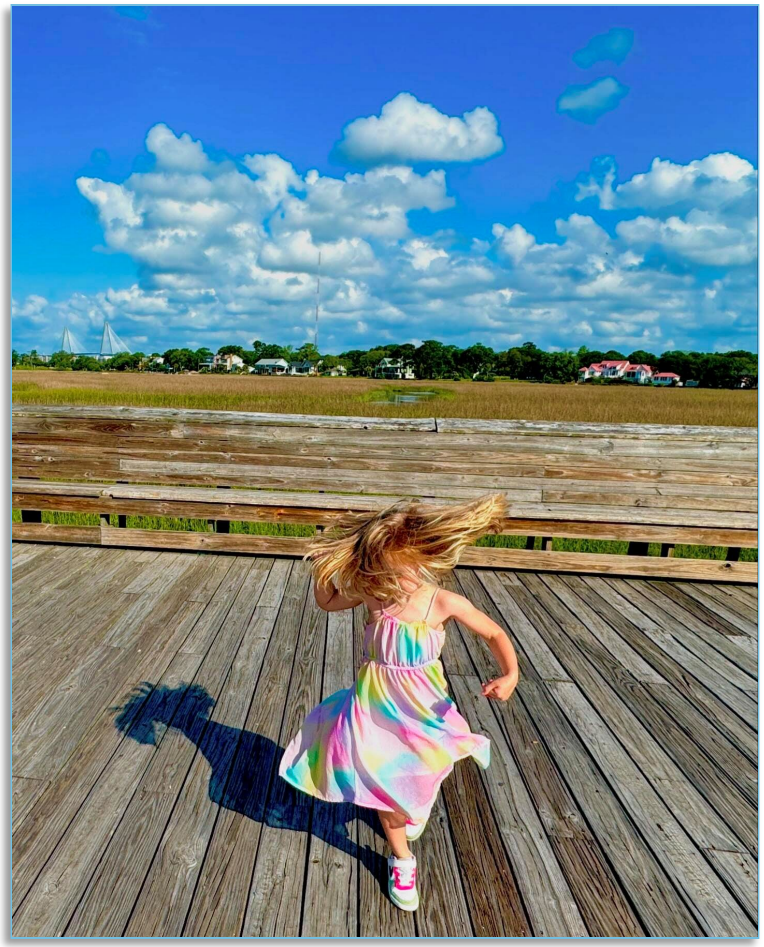

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Learning Objectives

At the conclusion of this presentation, learners will be able to:

- Identify a SCDHHS point of contact regarding ASD policy
- Review ASD diagnostic criteria per the DSM-V
- Differentiate SCDHHS Medicaid eligibility from medical necessity when discussing ASD services
- Re-examine their role in managing ASD in a community setting

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About Me

- Alaska born; California raised
- Navy veteran and Arabic linguist
- Graduated from Medical College of Georgia
- Completed pediatric residency and DBP Fellowship in South Carolina
- Early pediatric advocacy exposure: SCAAP / SCMA / AAP / SDBP
- Research focus: **community pediatrician use of ASD secondary screeners to streamline referrals**
- ***Senior Autism Policy Consultant for SCDHHS***

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ASD Criteria per DSM-V

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- ☐ **A. Persistent deficits in social communication and interaction across multiple contexts as manifested by ALL of the following**
  - ☐ **A1.** Deficits in social-emotional reciprocity
  - ☐ **A2.** Deficits in nonverbal communicative behaviors used for social interaction
  - ☐ **A3.** Deficits in developing, maintaining, and understanding relationships: difficulties adjusting behavior to suit various social contexts; in sharing imaginative play or in making friends; absences of interest in peers.

- ☐ **B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least 2 of 4 symptoms**
  - ☐ **B1.** Stereotyped or repetitive motor movements, use of objects, or speech
  - ☐ **B2.** Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
  - ☐ **B3.** Highly restricted, fixated interests that are abnormal in intensity or focus
  - ☐ **B4.** Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the

- ☐ **C. Symptoms must be present in the early developmental periods**

- ☐ **D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.**

- ☐ **E. These disturbances are not better explained by intellectual disability (intellectual development disorder) or global developmental delay**

Diagnostic Criteria for Autism Spectrum Disorder (F84.0)
☐ **= Meets A-E criterion for autism spectrum disorder at a clinical level**

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Do you feel comfortable diagnosing Kyle with autism?

0

No, Not enough information **(A)** 0%

No, Does not Meet Criteria **(B)** 0%

Maybe, but he could definitely benefit from ABA/ASD services while waiting for a "formal diagnosis". **(C)** 0%

Yes, He meets criteria **(D)** 0%

M-CHAT-R™

+10

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (**For Example**, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (**For Example**, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (**For Example**, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make unusual finger movements near his or her eyes? (**For Example**, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (**For Example**, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (**For Example**, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (**For Example**, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (**For Example**, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (**For Example**, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (**For Example**, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (**For Example**, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (**For Example**, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (**For Example**, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (**For Example**, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (**For Example**, being swung or bounced on your knee)	Yes	No

RITA-T (Rapid Interactive Screening Test for Autism in Toddlers) Scoring Sheet

Child's name: Kyle DOB: 1/20/2023 Examiner: Dr. McCaffrey Date: 1/25/2025

At the beginning of the test, or when the child has warmed up to you, mark the child's nose with a circular red dot with the removable hypoallergenic marker provided in the kit. Do this before item "I". Items can be administered in any order; however, A,B, and C must be sequential.

Key: ***JA****=Joint Attention;* ***SA****=Social Awareness;* ***HA****= Human Agency;* ***C****= Cognition;* 🔴 *= Timed- always timed for 10 seconds*

A. Blocking of Phone: 3 times — Take the best score **(SA,HA)**

1. Looks at examiner's eyes:	Y (0)	N (1)	
2. Latency to look at examiner's eyes:	0-5s = (0); 6-10s = (1); >10s= (2)		3 (0-4)
3. Abandonment (gives up):	Y (1)	N (0)	

B. Phone Tease: 3 times **(JA)**

1. Looks at examiner's eyes:	Y (0)	N (1)	
2. Looks at caregiver's eyes:	Y (0)	N (1)	3 (0-3)
3. Looks at both:	Y (0)	N (1)	

C. Blocked Vision: 1 time **(JA, HA)**

1. Looks at examiner's eyes:	Y (0)	N (1)	
2. Latency to look:	0-5s = (0); 6-10s = (1); >10s = (2)		3 (0-3)

D. Magic Ball: 3 times (Object Constancy) **(C, JA)**

1. Reaction (surprise):	Y (0)	N (1)	
2. Seeking object:	Y (0)	N (1)	2 (0-3)
3. Joint attention to caregiver or examiner:	Y (0)	N (1)	

E. Magic Scarf: 3 times (Color Constancy) **(C, JA)**

1. Reaction (surprise):	Y (0)	N (1)	
2. Joint attention to caregiver (immediate):	Y (0)	N (1)	
3. Joint attention to examiner (immediate):	Y (0)	N (1)	3 (0-4)
4. Joint attention to both (simultaneously):	Y (0)	N (1)	

F. Object vs. Face: Train tracks picture on examiner's right and face picture on left. **(SA)**

Preference for Face	Y (0)	
Preference for Object	Y (2)	2 (0-2)
No preference	Y (1)	

G. Rapid Joint Attention: 2 times. Call name and point to overhead light, ceiling fan, or image on the wall **(JA)**

1. Child looks same direction:	Y (0)	N (1)	1 (0-1)

H. Reaction to emotions – H1 and H2 are timed for 10 seconds each. Caregiver's participation. **(SA)**

1. Sad (Pretend to cry):

1.1 Proximity seeking:	Y (0)	N (1)	
1.2 Looking (child looks at caregiver):	Y (0)	N (1)	
1.3 Distress (concern):	Y (0)	N (1)	3 (0-4)
1.4 Interest (sustained looking):	Y (0)	N (1)	

2. Neutral (No emotion): Caregiver calls child's name once at the beginning and disengages. Examiner can direct child to the caregiver once.

2.1 Proximity seeking:	Y (0)	N (1)	
2.2 Looking (child looks at caregiver):	Y (0)	N (1)	
2.3 Distress (concern):	Y (0)	N (1)	4 (0-4)
2.4 Interest (sustained looking):	Y (0)	N (1)	

I. Mirror: Social Awareness **(C,SA)**

1. Child looks at mirror and self:	Y (0)	N (1)	
2. Child recognizes dot AND tries to take it off:	Y (0)	N (1)	2 (0-2)

Total Score: 26 (0-39*)

Behavioral Observations:

Hyperactivity	Sensory Seeking Behaviors	Repetitive Behaviors	Difficulty to get attention	Other
2	1	1	1	0

* **Low risk <12; Medium risk/grey area: 12-16; High risk for ASD >16.**
Always use clinical judgement and impressions in final referral.

31 w

DSM-V CHECKLIST

Failure to initiate a social reaction (A1)
Abnormal Social Approach (A1)
Deficits in Reciprocal Conversation (A1)
Deficits in Nonverbal Communication (A2)
Deficits in Understanding the Use of Gestures (A2)
Deficits in Understanding Relationships (A3)

Vocal Stim (B1)
Repetitive motor movements (B1)
Echolalia (B1)
Difficulties with transitions (B2)
Insistence on Sameness (B2)
Fixated interests – small non-toy objects (B3)
Hypo/Hyperreactive to sensory input (B4)
Adverse responds to sounds (Audiology) (B4)

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KYLE'S DSM-V CHECKLIST

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Medicaid Eligibility v Medical Necessity

Medicaid Eligibility

Medicaid-eligible beneficiaries **may receive** ASD services by an ASD provider enrolled in Medicaid when there is a primary psychiatric diagnosis of ASD from the current edition of the DSM, and services are determined **medically necessary**. Beneficiaries who meet this criterion must be under the age of 21.

"You may get ABA services if you have a DSM Dx of autism and those services are medically necessary"

Medical Necessity to Receive ASD Services

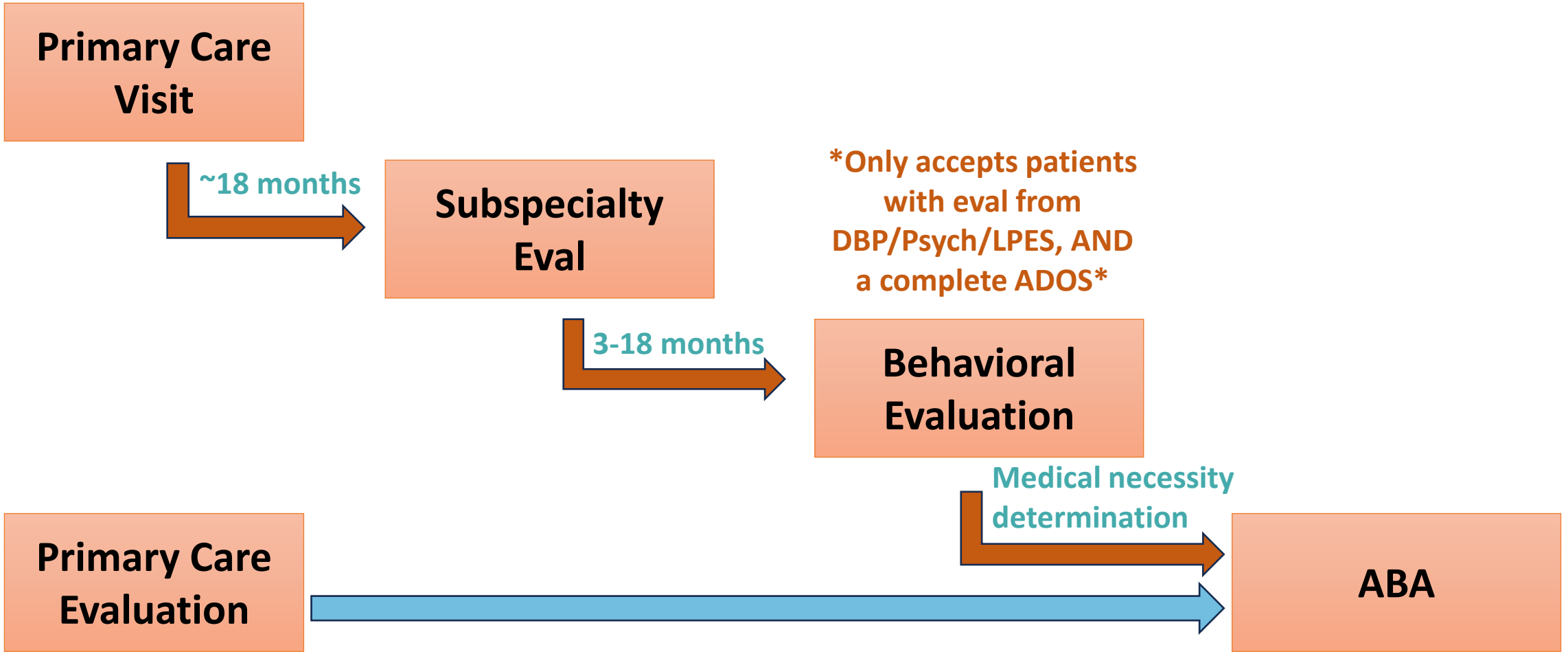
A Licensed Psychologist, DBP, or an LPES… must document medical necessity via

Comprehensive Psychological Assessment & Testing Report

- Autism Diagnostic Observation Schedule (ADOS)
- A standardized measure of intelligence
- An ASD Dx from the current DSM

"Medical necessity determination requires a DBP, licensed psychologist, or LPES do a comprehensive eval including an ADOS…"

Typical Pathway to SC Medicaid Services



Q & A

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