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**Washington State
Autism Center of Excellence (COE)**

Increasing Access to Quality Autism Evaluations and Support:

COE Quick Start Guide

*[APPENDICES ONLY]*

*Version 1.1 (Last Updated June 12, 2024)*

*Information compiled and edited by:*

*University of Washington INCLUDE collaborative (*[*https://wainclude.org/*](https://wainclude.org/)*)*

*Washington State Medical Home Partnerships Project (*[*https://medicalhome.org/*](https://medicalhome.org/)*)*

*Seattle Children’s Autism Center (*[*https://www.seattlechildrens.org/clinics/autism-center/*](https://www.seattlechildrens.org/clinics/autism-center/)*)*

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***Note****: This PDF guide has internal and external links to direct you to additional information. Click on the table of contents below to skip to a particular section or click embedded cross-references to jump to a section of the guide as well. If you notice a broken link, errors, or have suggestions for content, please email us at* *autismcoe@uw.edu**.*

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# Appendices

##

## Appendix A. Primary Care Autism Clinic Proposal

**Intent:** Develop and implement a dedicated Autism Clinic within COMPANY NAME to support families in need of autism diagnostic and support services and facilitate a referral mechanism for primary care providers in the Pacific NW region.

**Goal:** Pilot a model that provides consistent care between COMPANY NAME autism providers that is efficient and cost effective and scalable, thus allowing implementation on more regional or national level over time. This model will satisfy COMPANY NAME goal of expanding Biopsychosocial services in Primary Care.

**Background:**

* In 2023, the CDC reported that approximately 1 in 36 children in the U.S has autism spectrum disorder (ASD).
* Most children are still being diagnosed after age 4, though autism can be reliably diagnosed as early as 18-24 months.
* Autism affects all ethnic and socioeconomic groups.
* Minority groups tend to be diagnosed later and less often.
* Average wait list at Seattle Childrens Autism Clinic is 2-3 years and 9-24 months at Providence Childrens Center in Everett. (UPDATE WAIT TIMES AND CHOOSE TERTIARY CENTERS IN YOUR REGION)
* Early intervention affords the best opportunity to support healthy development and deliver benefits across the lifespan.
* Early diagnosis of autism helps patients to access vital developmental services at an early critical age of learning, diagnosis also guides families so they are able to provide best care for their children.
* Autism diagnostic options are disappearing at an alarming rate making outside referrals more and more difficult and further expanding wait times.

**Providers:**

DISCUSS YOUR CREDENTIALS HERE – TRAINING, BOARD CERTIFICATION, INVOLVEMENT IN AUTISM WORK

**Care Model:**

Plan is to serve pediatric patients from DISCUSS SERVICE AREA. We can provide this service for patients with an estimated wait time of CHOOSE BEST ESTIMATE, which is much less than the current situation in the community.

Based on community and best-practice standards, the evaluation for autism is a 6–8-hour process (including both face-to-face and administrative work) that takes place over 2-3 visits. Due to the time commitment for these visits, it is difficult to do this work within the template of a regular schedule of pediatric primary care.

Our providers have agreed to a standard for autism evaluation visits which aligns with what is provided in the community.

1st visit 3 hours – collecting information, interviewing parent(s), reviewing clinical records, writing the first report

2nd visit 3 hours – standardized testing and observation, evaluation of testing, and writing second report

3rd visit 1 hour – visit with the family to discuss report and treatment plan

**Clinic Expenses:**

Paid clinic coordinator 4 hours/week

Office space FILL IN ESTIMATE HOURS OF IN OFFICE USE

Provider reimbursement as noted below- averaging FILL IN BEST FIGURE per full 7-hour work-up

Supplies - $1000/year for new kits or evaluation tools CUSTOMIZE FOR YOUR NEEDS

Marketing MOST PRACTICES WILL LIKELY NOT NEED TO ADVERTISE DUE TO DEMAND BUT INCLUDE A DOLLAR FIGURE IF YOU PLAN OUTSIDE MARKETING

**Standard Work/Medicaid Reimbursement:**

**NUMBERS BELOW BASED ON 2023 RATES- UPDATE ACCORDINGLY. ALSO, IT IS APPROPRIATE TO CHOOSE A DIFFERENT MODEL OF CARE DELIVERY TO MEET YOUR SPECIFIC CLINIC NEEDS SO ADJUST MODEL AND NUMBERS BELOW ACCORDINGLY. MOST IMPORTANT THOUGH, YOU WILL LIKELY NEED TO MAKE THE MODEL RETURN SOME POSITIVE CASH FLOW TO CONVINCE YOUR CLINIC TO ADOPT THE PROGRAM**

**1st Visit**: 3-hour clinic appointment - first visit comprised of collecting historical information, detailed parent interview impressions, reviewing clinical records, and writing the first report.

* Billing reimbursement
* 99215 - 50 minutes - Medicaid pays $166.45
* Bill G2212 – 15-minute incremental codes total 8 codes for the next 2 hours to finish the interview and write the report the same day. $24.96 each increment x 8 = $199.68
	+ TOTAL COLLECTED = $366.13

**2nd Visit**: 3-hour clinic appointment - do standardized testing and observation (either virtual or in person), write final report.

* Billing reimbursement
* 99215 - 50 minutes - $166.45
* G2212 x 8 to finish observation and write report = $199.68 same as noted above
	+ TOTAL COLLECTED = $366.13

**3rd Visit**: 50 minute clinic appointment - parent debrief about impressions and report. Then discuss a treatment plan.

* 99215 - $166.45

**TOTAL FOR ALL 3 VISITS AND COMPLETE WORK UP = $366.13 + $366.13 + $166.45 = $898.71**

**Provider Reimbursement Proposal:**

* Provider reimbursement proposed at $100/hr, costing $700 (7 hours) per patient evaluation, which includes all 3 visits.
* As per Medicaid reimbursement, will make $898.71.
* **Positive variance of $198.71** per patient evaluation or better (for commercial patients)

**Note**:

* Commercial patients may have higher reimbursements
* This would be a service for COMPANY NAME; this can potentially increase patients within our clinic who will establish with PCP for this service.
* 245 outgoing referrals in 2022 (Approximately 20/month) EXAMPLE ONLY- USE YOUR DATA HERE
* Develop scripting for pricing for commercial patients in the future

**Compensation:**

Hourly rates, providers will submit hours biweekly or monthly to the compensation department for pay

* Per Diem Rate - $100/hour, total $700 per each complete evaluation consisting of 3 visits (NOT ALL CLINICS WILL OFFER A PER DIEM OPTION BUT IF SO, CHOOSE APPROPRIATE HOURLY RATE TO FIT YOUR BUDGET)
* Providers on productivity
	+ Clinicians who are paid on productivity can do autism evaluations as part of their work schedule
	+ They will be paid based on WRVUs per the routine provider compensation model

**Provider Schedule:**

Provider schedule will vary and will depend on the visit they are booked for, but a typical 8-hour day can look like this:

* AM Schedule
	+ One - 3-hour visit (this can be either 1st or 2nd visit)
	+ One - 1-hour visit (this will be the 3rd visit)
* PM Schedule
	+ One - 3-hour visit (this can be either 1st or 2nd visit)
	+ One - 1-hour visit (this will be the 3rd visit)
* Total visits per day: 2-4
* Total hours per day: 4-8

**Notes on Interested Providers:** INCLUDE INFO HERE ON PREFERRED SCHEDULE AND HOURS OF WORK AND WHETHER IN OFFICE OR ONLINE EVALUATIONS OR BOTH AND LANGUAGES SPOKEN BY PROVIDERS

**Referral Process:** Patients would be internally referred to the autism clinic through Epic EXAMPLE DISCUSS YOUR REFERRAL PROCESS IF DIFFERENT

The autism clinic requests a dedicated administrative support person (clinic coordinator) budgeted initially for 4 hours per week to handle incoming referrals, send out needed intake paperwork, collect additional reports from school or other appropriate providers, answer questions from families and schedule appointments. **It is imperative this work NOT be handled through a resource center as it is too complex and will not fit under their standard work.**

The dedicated autism providers will manage the referral list, follow up with families as deemed necessary and work with the administrative coordinator to facilitate and expedite appointments. Once paperwork is returned in full, the clinic coordinator will call and schedule the evaluation.

For commercial patients, the clinic coordinator will be letting the patients know in advance to check with their insurance company if the services are covered – YOU NEED TO DEVELOP YOUR OWN SCRIPTING WITH YOUR FINANCE/BILLING DEPT FOR HOW COMMERICIAL PATIENTS ARE BILLED AND HANDLED AND OUTLINE HERE

Coding/standard workflow and compensation are the same for all providers interested in this work as well as for state and privately insured patients. FLOW DIAGRAM- SEE NEXT PAGE – THIS IS AN EXAMPLE ONLY THAT YOU CAN CUSTOMIZE TO FIT YOUR CLINIC PLANS

**Summary:**

Implementation of a COMPANY NAME based Autism Clinic is a vital service to the community at large and would open up care to a highly under-served group of families and patients who routinely wait up to 2 years to be seen for initial evaluations. Early diagnosis and treatment of children with autism is imperative and greatly affects long term outcomes.

The above model provides consistent care across Optum providers, is cost effective and scalable for future expansion. We have experienced ASD providers already trained and ready to continue this work with the support of COMPANY NAME.

We urge COMPANY NAME to support this proposal, expedite the review of this project, and approve it so this important work can start again as soon as possible. LIST PROVIDER NAMES HERE are passionate about this work, are committed to seeing it succeed and eager to help other COMPANY NAME providers expand into this work in the future. Let’s do the right thing! Thank you.

**Flow Chart:**

**Inbox managed by administrative assistant**

Will contact family and send intake packet

Mail out intake packet or send via mychart.

**2nd appt**

**1st appt (video visit)**

Review of records

Discuss intake paperwork

Ask more questions

Documentation of visit (3 hrs total)

**2nd appt with Dr. ABC**

Video Visit

Autism assessment Documentation of visit

Mail out final report (3 hrs) total)

**3rd appt (video visit)**

Reviewing final report with parents

Treatment planning (1 hr)

5 years or younger

English speaker

 12 years or younger

English or other language
Parent preference

**2nd appt with Dr. XYZ**

In Person Visit

Autism assessment

Documentation of visit

Mail out final report (3 hrs) )total).

## Appendix B. COE Provider Presentations at Autism COE Trainings

*(revised 1/30/2024; materials here:* [*https://drive.google.com/drive/folders/1UW8lcaAQdYnDU91fbnjpf6w-FxeGKFmv?usp=sharing*](https://drive.google.com/drive/folders/1UW8lcaAQdYnDU91fbnjpf6w-FxeGKFmv?usp=sharing)*)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **COE Name & Affiliation** | **Clinic type** | **County** | **Other Handouts** |
| 2/2/2023 | **Daniel Delgado, MD,** HealthPoint Community Center - AuburnPPT: **What I Wish I Knew When I Started My ASD COE Journey** | Community Health Center (CHC) / Federally Qualified Health Center FQHC) | King  | None |
| 9/29/2023 | **Patricia Scott, MD** and **Thanh Kirkpatrick, MD,** HopeCentral and Vietnamese Family Advisory BoardPPT: **Supporting Autism in the Community: A Collaborative Approach** | Pediatric Primary Care & Behavioral Health | King | None |
| 3/3/2023 | **Kathleen Johnson,** DNP, FNP-BC, C-PMHS, PMHNP-BE Yellow Brick ClinicPPT: **Yellow Brick Clinic: Following Our Yellow Brick Road Integrating the Autism COE with Specialty Community Practice** | Specialty Community Practice | King- telehealth to whole state | None |
| 12/9/2022 | **Emily Bianconi,** ARNP, Skagit PediatricsPPT: **Developing a COE Practice in Primary Care Pediatrics** | Mid-size Private Pediatric practice | Skagit | * EMR Full Autism template
* Sample Autism Visit Note
 |
| 9/23/2022 | **Vanessa Frank,** DNP, ARNP Columbia Basin Health Association (CBHA)PPT: **“Incorporating COE Work Into a Federally Qualified Health Center with Migrant Farmworkers”** | Federally Qualified Health Center (FQHC) | Adams | * CBHA Autism Intake Form
* Visit Template 2020 CBHA
* CBHA Autism Toolkit
* CBHA Autism Toolkit in Spanish
 |
| 1/28/2022 | **Kristi Rice,** MD, FAAP Providence Pediatrics - NorthpointePPT: **How to Incorporate Autism Evaluations in a Busy Pediatric Practice** | Large private practice | Spokane | * Autism Intake Questionnaire
 |
| 12/10/2021 | **Christina Pease,** MD, FAAP Sea Mar Community Health CentersPPT: **Addressing Health Inequities with an Autism Diagnosis** | Federally Qualified Health Center (FQHC) | King | * El Autismo- *words and pictures from the SCH 101 Autism in Spanish video done by Dr. Pease and partners*
* Entrevista con los Padres acerca del Autismo- Version Clinica en Espanol *(2002 translation by Stone et al)*
 |
| 9/24/2021 | **Jim Troutman**, MD, FAAP Everett ClinicPPT**: What I wish I had Known and What I Have Learned on My Journey So Far** | Large private practice | Snohomish | * Welcome letter Everett Clinic Autism Center
* The Everett Clinic- Autism Eval- Teacher Interview Form
* Social Communication Observation Tool e form 2017
* Preparing for your child’s telehealth visit\_ Clinician- VUMC
* New patient intake packet 2020
* Everett Clinic Autism Evaluation form
* DSM-5 Diagnostic Checklist
* Dr. Cheek 5 y.o. ASD Report example
* Dr. Cheek 2 y.o. ASD Report example
* Child Cambridge University Behavior and Personality Questionnaire
* 2-Tele-ASD-PEDS Administration guidelines
 |
| 5/14/2021 | **Heather Buzbee**, MSN, CPNP- PC, PMHNP-BC Psych and Ped ARNP Sea Mar Federal WayPPT: **Applying the Autism COE to the Community Health Primary Care Setting** | FQHC | King | * No handouts
 |
| 2/12/2021 | **Liz Vossenkemper**, MSN, RN, CPNP-PC, Tri-Cities Community HealthPPT: **Building an Autism COE in Primary Care: Choose Your Own Adventure** | FQHC | Benton | No handouts* Note- as of 2023, Liz is now serving as a COE at United Family Health Behavioral Health and Family Services in the Tri-Cities
 |
| 9/18/2020 | **Julie Cheek**, MD, FAAP PeaceHealthPPT: **Neurodevelopmental and Autism Evaluations in Primary Care Practice (Cheek)***(cont. on next page)***Monica Burke**, PhD, Arc of Whatcom and SMART team leadPPT: **Collaborating to Support a County Center of Excellence for Autism Evaluation and Diagnosis (Burke)** | Large private practiceParent Support and Advocacy | Whatcom | Cheek Handouts:* Visit Template
* New Patient intake packet 2020 Cheek
* Neurodev and Autism Screening in Primary Care
* NDClinic appointment checklist
* NDC new patient history form
* Letter apt reminder
* Developmental Clinic Appointment process
* Dev CI FOLLOWUP Appt Check list

Burke Handouts:* DDA Overview + How to Apply 2020
* Community Services for CSHCN 2020
* Communication – to School from Provider e form
* Communication – to School from Family e-form
* Communication- to PCP e-form
* Autism Services 2019
* Autism – Could it Be – 1019
* ABA Provider Matrix 2020
* ABA Intake Form Fillable 2020
 |
| 7/31/2020 | **Bill Cheney**, M.Ed**Rick Levine**, MD, FAAP Skagit Pediatrics**(**no PPT**) “A Community COE Perspective: Skagit County”**  | School DistrictMid-Sized Private Pediatric Practice | Skagit | * Skagit COE Process Flowchart
* COE Evaluation: Early Intervention Provider Summary Evaluation Information
 |

## Appendix C. Washington State Resources

Here are commonly referenced resources following an autism evaluation (Last updated 6/12/2024; items listed by topic and alphabetically). You can find more resources on the [COE Autism Resources google drive](https://drive.google.com/drive/folders/1es1R_jP9XAGy8-GWS1a6Y5n0-oHxw2oH). You may also want to refer to the [Seattle Children’s Autism Center’s Patient and Family Education website](https://www.seattlechildrens.org/clinics/autism-center/patient-family-resources/) for more in-depth and up to date info!

**General autism information**

* **Autism Self Advocacy Network Welcome to the autism community book** (<https://autisticadvocacy.org/book/welcome-to-the-autistic-community/>): was written by autistic people to provide general information to those with a new diagnosis of autism, or for those wanting to learn more.
* **Autism Speaks First 100 Days Kit** (<https://www.autismspeaks.org/tool-kit/100-day-kit-young-children>): provides support and information to families who have children with Autism Spectrum Disorder, including 100 Day Kit who have just received a diagnosis of Autism Spectrum Disorder.
* **Centers for Disease Control and Prevention** (CDC; [www.cdc.gov/ncbddd/autism/index.html](http://www.cdc.gov/ncbddd/autism/index.html)) information and videos about what autism is and how it is treated (in English and Spanish.)
* **People First of Washington** (<https://www.peoplefirstofwashington.org/>): a self-advocacy organization for individuals with disabilities working together to support the community.
* **Seattle Children's Autism Center** ([https://www.seattlechildrens.org/clinics/autism-center/patient-family-resources/](file://childrens/files/AutismCenter/Work%20Groups/Dx%20Workgroup/www.seattlechildrens.org/clinics-programs/autism-center/patient-family-resources/)) has a range of topics to help understand child development, access resources, locate services, and to participate in treatment.
* **UW Autism Center** (<https://depts.washington.edu/uwautism/>) provides information on resources and free webinars for parents on a variety of topics such as neurodiversity and ABA.
* **People First of Washington** (<https://www.peoplefirstofwashington.org/>): a self-advocacy organization for individuals with disabilities.
* **AS360** (<https://www.as360.org/>) is a platform designed for individuals in Washington state to share access to ASD providers, resources, information, and community.

**State resources and information:**

* **Ben's Fund** ([www.featwa.org/bens-fund.html](http://www.featwa.org/bens-fund.html)) provides families with grants for therapeutic services, support, or equipment. Visit their website for more information about requirements including a family story, tax return, provider letter and your child's autism diagnosis.
* **Department of Vocational Rehab** (DVR; [www.dshs.wa.gov/dvr](http://www.dshs.wa.gov/dvr)) assists individuals with disabilities in obtaining and maintaining employment, as well as high school transition support.
* **Developmental Disability Administration** (DDA; <https://www.dshs.wa.gov/dda>) assists individuals with developmental disabilities and their families to obtain services and supports (e.g., case management, respite, caregiver support, assistive technology, employment and day program services, etc.).
* **Developmental Disability Council** (DDC; <https://www.ddc.wa.gov/>) collaborates and coordinates with other agencies and organizations, trains leaders and advocates, and advocates for better policies, programs, and practices.
* **Help Me Grow Washington** (<https://helpmegrowwa.org/>; for children 5 and younger) and/or **ParentHelp123** (<https://www.parenthelp123.org/>; for children 6 to 18) provides supports to families in Washington accessing state services, such as Early Support for Infants and Toddlers (ESIT), food stamps, parenting classes, transportation, health insurance, etc.**.** Families can call 1(800) 322-2588 to be directed to the correct resource and support options for their region.Staff speak English and Spanish and have access to interpreters for many other languages.
* **Hopelink** ([www.hopelink.org](http://www.hopelink.org)) support with transportation, gas cards and translation services.
* **Informing Families** (<https://informingfamilies.org/>): statewide resource with regional contacts for information on developmental disabilities and the systems that can provide support, ***including age-based toolkits and how to apply for DDA and SSI.***
* **Miss Shayla’s List** (<https://medicalhome.org/quick-key-resources/shaylas-list-family-support/>), written by a parent, is a list of key financial, transportation and recreation resources to support people with intellectual and developmental disabilities and their families.
* **Supplemental Security Income** (SSI; <https://www.ssa.gov/ssi/eligibility>)provides financial support for low-income individuals with disabilities and their families.
* **WA State Health Care Authority** (HCA; <https://www.hca.wa.gov/>) maintains a list of WA COE Providers by region (<https://www.hca.wa.gov/assets/billers-and-providers/index-coe-applied-behavioral-analysis.pdf>).
* **Washington Mental Health Referral Service for Children and Teens** ([https://www.seattlechildrens.org/
clinics/washington-mental-health-referral-service/](https://www.seattlechildrens.org/clinics/washington-mental-health-referral-service/)) connects families with providers in their local area who fit their child’s specialty needs and insurance coverage. They can also help families find an ABA provider.
* **Washington State Medical Home Partnerships Project** (WA MHPP; <https://medicalhome.org/>) helps primary health care doctors and nurses, other health care providers, families and communities work together to improve care for children and youth, particularly those with special health care needs, and their families. Information about COE trainings and SMART teams is found here.

**Family education, support, and advocacy**

* **Arc of Washington** (<https://arcwa.org/>) helps parents navigate the maze of special education and connect with other families through their **Parent- to- Parent program** (<https://arcwa.org/parent-to-parent/p2p-coordinator-information/>). There are specific coordinators for different regions of the state.
* **Developmental Disability Ombuds** (<https://www.disabilityrightswa.org/programs/dd-ombuds/>): is a state-wide program to investigate, advocate, and report on services to people with developmental disabilities.
* **Partnership for Action. Voices for Empowerment** (PAVE**;** [www.wapave.org](http://www.pavewa.org/)): source for parents to learn more about the special education process, find community resources, and connect with other families who have children with disabilities.
* **SibShops** (<https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/development/sibling-special-needs-sibshops/>): interactive workshop for siblings ages 6-13 of children with special needs.
* **Washington Autism Alliance** (WAAA; <https://washingtonautismalliance.org/>) works to expand access to healthcare, education and community for people with autism and their parents. They also provide information and support for families who are seeking ABA therapy and can assist with insurance navigation and provide recommendations regarding how to pursue ABA.

**Self-directed comprehensive learning programs for families***\*Free program*

*†Offered in multiple languages*

* **\***†**ADEPT** ([health.ucdavis.edu/mindinstitute/centers/cedd/adept.html](https://health.ucdavis.edu/mindinstitute/centers/cedd/adept.html)): interactive, self-paced, online learning module providing parents with tools and training to more effectively teach their child with autism and other related neurodevelopmental disorders functional skills using applied behavior analysis (ABA) techniques.
* **\***†**Everyday Parenting: The ABCs of Child Rearing** (<https://www.coursera.org/learn/everyday-parenting>)**:** provides a toolkit of strategies and step-by-step instructions to change behaviors for both children and teens.
* **\*Help is in your Hands** (<https://helpisinyourhands.org/course>): made for parents to teach them more strategies such as these to build social communication skills and engagement
* **Essentials of Parenting** (<https://helpingfamiliesthrive.com/courses/parenting-essentials/>; discount code “Seattle Children’s”): provides education, interactive workbook and activities, and demonstrations of real families using skills to improve emotional and behavioral outcomes and family relationships for kids ages 2-12.
* **Hanen Program** (<https://www.hanen.org/Programs/For-Parents.aspx>): provides families of children at different developmental levels with research informed strategies for supporting language and social communication skills.
* †**Triple P** (<https://www.triplep-parenting.com/us/triple-p/>): an online self-guided version of an evidence-based intervention for parents to address behavioral and emotional concerns for their child age 0-16.

**Resources for culturally/linguistically diverse families/individuals­­­ and military families**

* **Chinese Autism Resources and Empowerment Services (CARES**; [www.caresseattle.org](http://www.caresseattle.org)) is a non-profit organization that provides community-based neurodiversity-affirming resources, online webinars, and parent training in different topics in Mandarin Chinese as well as inclusive events.
* **Dads MOVE** (<https://www.dadsmove.org/>)provides support, training and advocacy for parents/caregivers, especially dads, who have children and youth with behavioral challenges.
* **Families of Color Seattle** (<https://www.focseattle.org/>) connects families, caregivers, and children of color through peer-led parent support groups; spaces to share culture, skills, and resources; and racial justice education and advocacy.
* **Joint Base Lewis-McChord (JBLM) Autism Center** ([www.operationautism.org/base-post/joint-base-lewis-mcchord/](http://www.operationautism.org/base-post/joint-base-lewis-mcchord/)): Military families may wish to contact the JBLM Autism Center called Operation Autism, for local support and resources for military families.
* **Manos Unidos International** (<https://www.manosunidasinternational.org/>) a global learning community for families and educators of children with disabilities
* **Mother Africa** (<https://www.motherafrica.org/>)
* **Open Doors for Multicultural Families** (<https://www.multiculturalfamilies.org/>) provides a variety of supports to families in King county by matching them with a staff member who shares their cultural and/or linguistic background.
* **Rooted in Rights** (<https://rootedinrights.org/>)uses accessible digital media to advance the dignity, equality, and self-determination of people with disabilities through storytelling (videos, documentaries etc). They have a wonderful series of stories told by parents with disabilities: “**Parenting Without Pity**: <https://rootedinrights.org/stories/collections/parenting-without-pity/>
* **Somali Health Board** (<https://somalihealthboard.org/> ) works to address health disparities that disproportionately affect new immigrants and refugees within King County, with ambitious goals of eliminating and reducing health disparities.
* **Square Pegs Adult Autistic Meetup Group** (<https://www.meetup.com/Squarepegs/>)is a place for those of us who are on any part of the spectrum, diagnosed, self-diagnosed, or questioning to get to know one another and make new friends without having to explain our eccentricities. If you are otherwise neurodivergent, you are welcome to join us as well. The group focuses on adults, not children.
* **Vietnamese Family Autism Advisory Board** (VFAAB;<https://vfaab.org/>) resource to Vietnamese families, assisting people with navigating the care system to connect to support services and educating the community about autism and developmental delay.
* **WA Multicultural Link** ([www.wmslink.org](http://www.wmslink.org/) ) provides support services to African Diaspora and African American families, especially individuals with disabilities, and health care needs.
* **Washington State Fathers Network** (<https://fathersnetwork.org/> ) connects fathers and families of children with a disability or special health care need with each other and with resources and information, by training men to tell their story and advocate for change, and by working to promote inclusion.

**Safety**

* **Big Red Safety Box** (<https://nationalautismassociation.org/big-red-safety-box/>) offers downloadable information about resources to help caregivers prevent and respond to wandering incidents. They also offer a free safety kit to families when supplies allow.
* **Disability Parking Permits** (<https://www.dol.wa.gov/driver-licenses-and-permits/get-or-renew-disabled-parking-permits>) may be available for individuals with disabilities who are not able to safely walk independently due to behaviors like wandering and elopement.
* **Smart 911** (<https://www.smart911.com/>) is a free service that allows families to provide information about their household, such as having a child with autism or other developmental disabilities, to 911 in case of emergencies.
* **Washington State Mental and Behavioral Health Crisis Information** (<https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-crisis-lines>): provides information on how to access crisis lines, as well as what to expect when you call them.

## Appendix D. Evaluation set up tips, toys, and observation examples

For **young children**, consider using a set of toys specifically designed to elicit social communication and play behaviors in toddlers. The STAT ([Screening Test for Autism in Toddlers and Young Children](http://stat.vueinnovations.com/about)) is a tool that can be used to facilitate an interaction between the provider and the child with a specific set of toys to identify *risk* for autism. The TAP ([TELE-ASD-PEDS](https://vkc.vumc.org/vkc/triad/tele-asd-peds)) is a guided parent-child observation that can be used *as part of* an in-person or telehealth visit; it includes a script and scoring form for the provider, as well as additional supports for conducting telehealth assessments, such as videos for caregivers on how to set up and suggestions for what types of toys to have available for the observation.

|  |  |
| --- | --- |
| *TAP set up* | *STAT administration materials* |
|  | A group of toys on a table  Description automatically generated |

For **older children**, the most common formal assessment tool is the ADOS-2 ([Autism Diagnostic Observation Schedule, Second Edition](https://www.wpspublish.com/ados-2-autism-diagnostic-observation-schedule-second-edition)). The ADOS-2 was specifically designed to provide a comprehensive assessment of behaviors through a variety of specific prompts that vary by age and developmental level. However, this may not be the most accessible option for your practice given the costs, training, and time required to administer it.



*ADOS-2 materials kit*

*(As a reminder, diagnostic tools are proprietary, meaning that you are not able to use the protocols or materials without purchasing them from the publisher and completing any required training.)*

If you do not have access to the ADOS-2 – that’s okay! You can still complete an autism evaluation with older children. Consider having toys and activities that provide opportunities to observe various social communication and play behaviors for various ages. To do this, you need to be aware of how autism presents differently across the lifespan (review *Box 3* of the [NICE summary](https://www.bmj.com/content/343/bmj.d6360) for potential signs of ASD in older children and teens). For older and/or more verbal individuals, you need to consider conversation starters and questions about social interactions, friends, interests, and experiences (see Table 2 of [this article](https://doi.org/10.1016/j.rasd.2016.11.006) for examples). The *ASD Diagnostic Guidance Documents* from [HollandBloorview](https://hollandbloorview.ca/our-services/programs-services/echo-diagnostician-resource-portal) provides a summary of symptoms, activities, and questions that can help guide your interaction for both younger ([Toddler/Preschool](https://hollandbloorview.ca/sites/default/files/2024-03/ASD%20diagnostic%20guidance%20document_toddler%20preschool.pdf)) and older ([Older/School Age](https://hollandbloorview.ca/sites/default/files/2024-03/ASD%20Guidance%20Document_Schoolage.pdf)) individuals.

The following page has potential additional activities to incorporate into your visits. [*Thank you to the following providers who shared their ideas to add to this list: Karís Casagrande, PhD (Seattle Children’s Autism Center), Julie Cheek MD FAAP (PeaceHealth), Vanessa Frank, DNP, ARNP (Columbia Basin Health Association), Jennifer Gerdts, PhD (Seattle Children’s Autism Center), Christina Pease, MD FAAP (SeaMar Medical Clinic), Jennifer Mannheim, ARNP (Seattle Children’s Autism Center), and Emily Myers, MD, FAAP DBP (University of Washington and Seattle Children’s).]*

Below are potential toys and activities, with behaviors to observe for each. *(You might use bins to keep toys for younger and older children separate, as well as make sure those toys do not wind up in the waiting room or other clinic spaces.)*

|  |  |
| --- | --- |
| **Toys** | **Observation tips** |
| Cars and trains*(Consider having extra pieces such as a garage, ramps, tracks, road signs, etc. that can be used with them)* | Keeping these high value items in **clear, hard to open containers** is a great way to see how an individual directs attention to the objects and requests help. **Watch how they play** with the toys. For example, are they engaging in **functional** (e.g., playing with toys as intended) and **pretend** play (e.g., driving the cars, creating a racetrack, making up/acting out a story), or **repetitive** play such as lining them up, spinning the wheels, sorting by color?  |
| Plastic figurines, dolls, and pretend play toys (e.g., kitchen, tea set, bedtime)*(Consider small and large figurines such as people, animals, dinosaurs, and insects that appeal to a range of ages)* | Look for developmentally appropriate **pretend play**. For example, how are they using the dolls or figurines in their play? Younger children may direct their actions to the figurine (e.g., feeding the doll), while older children may have the figurines interact with each other by talking to each other.See whether they are willing to **follow your lead** in pretend play or interactive activity with these toys, or if they are **resistant** to you changing their play.  |
| Building materials like blocks, LEGO, or magnetic tiles*(Consider having large blocks, like DUPLOs for fine motor or mouthing concerns, as well as regular LEGO or wooden blocks. Magnetic tiles are another option that are easy to clean.)* | Watch for any **repetitive** **patterns or themes** in what they choose to build. One way to check for this is to see if the individual is **flexible** about following your lead in what to build, or whether they will allow you to change what they have built by adding to it or doing it differently. Keep some of the pieces separate and **watch how they request** additional blocks when needed. You can also see whether they share their creations with others by directing excitement or frustration.  |
| Cause-and-effect toys with lights and sounds*(Examples are pop-up toys, electronic musical toys, jack in the box, etc).*  | Many children engage in some repetitive play with toys like these, but you can watch whether they follow a **specific pattern** with the buttons they push, or focus in on one specific repetitive action instead of varying their use. See how an individual **reacts** when you attempt to take turns, turn off the lights or sound, block their ability to push buttons, or remove it from the room. |
| Puzzles, shape sorters, and letter/number magnets  | **Set aside some of the pieces** so that they are unable to get them on their own. How do they react when a piece is missing? How do they manage frustration? What is their approach for problem solving? |
| Books, magazines, crayons, paper, coloring books*(Make sure to have a range that would appeal to a range of ages and interests!)* | Watch whether the individual **attempts to share** interest or excitement in a book or a drawing with others in the room. Do they invite their parent to color with them or show off something that they have made? When they see something interesting in the book, do they look around the room to check in? Use books or magazines as **conversation starters**. For example, do individuals respond to your non-directed comments and interests? During conversations, are they able to switch topics away from their interests to follow yours?  |
| Sensory play activities like bubbles, playdoh, water, lights, and mirrors*(Make sure you have a way to contain the mess! Bubble machines are great.)* | Watch for **repetitive movements, sensory seeking, or sensory aversions**. For example, when excited about bubbles or lights do they flap, spin, or posture? Do they have a negative reaction to the feeling or bubble liquid or playdoh? Or seek out additional sensory input by licking or smelling the materials?  |
| Floor mats (e.g., foam puzzle mats or gymnastic mats) | Padded puzzle mats or foldable gymnastic mats are a colorful and easy to clean way to set up play materials on the floor for younger children! |

## Appendix E. Overview of Evaluation Workflow

### Evaluation Models

|  |  |  |  |
| --- | --- | --- | --- |
| Model Type | Single Discipline | Multidisciplinary | Interdisciplinary |
| Summary | A single provider completes all components of the evaluation | Each discipline completes a discipline specific assessment, and may make separate diagnoses and recommendations | Team members complete various parts of the evaluation, and make the final diagnosis and recommendations in collaboration |
| Examples | A private practice psychologist | Primary care provider referring to a speech language pathologist for assessment; Community School-Medical Autism Review Teams (SMART) | Tertiary care centers like Seattle Children’s Autism Center |
| Additional details | * Single discipline models vary in depth and breadth of evaluation
* Can be multiple visits with psychologist with a comprehensive neuropsychological battery
* Can be medical-based model with medical providers (who may request supplementary assessments to gain information –see multi-disciplinary evaluation model)
 | * Can begin as a single discipline assessment with initial screening or assessment, but additional information is needed before a diagnostic decision is made
* Referral is made for further evaluation or data collection to another provider (e.g., SLP, EI team, OT, school psychologist)
* Individual reports are compiled, rather than integrated, with minimal to no collaboration between team members
 | * Process is more streamlined and direct than a multidisciplinary assessment, but also requires greater coordination and staffing to complete as it is complex
* Team members may see the patient in tandem or on different days, but the key component is that these teams discuss the patient together and write a single report
* Findings and recommendations from each team member are fully integrated
 |

### Assessment Workflow Ideas

### COE Workflow Examples

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Model A | Model B | Model C | Model D | Model E |
| Intake/Pre-work*Gather chief complaint/ referral concern, initial developmental & family history, DSM V information* | Internal referral (patient already in practice), or records gathered ahead of time | Phone interview brief history & developmental questions | Developmental intake questionnaire | Review prepared folder before visit (20-30 minutes) | 3 visit format.Visit 1: intake/screening 30 mins |
| ObservationInterviewIn person visitMedical appt*Complete DSM V interview, developmental, medical & family history* | 30 min visit(helpful tip: schedule before lunch or last patient of the day in case it runs long) | 40 min initialparent interview | One hour visit(before lunch or last patient of the day) | 90 mins (up to 2 hours) | Visit 2: evaluation 60-90 minsIn depth family interview, interaction with patient, assessment and observation |
| Follow up workor developmentaltesting*Obtain outside records to complete assessment or do test/structured survey* | Gather more information from EI, IEP, ST/OT, etc. (if not already gathered) or do tele-ASD peds | 60 min ADOS |  | STAT or CAST with behavioral observations as needed.May refer out for ADOS or for OT/ST/IEP. |  |
| Documentation time | 45 min  | No data | No data | 60 mins | No data |
| Debrief/Follow up visit | 30 min visit | 20 min visit |  |  | Visit 3: follow up 30 mins |
| Provider | Bianconi, Buzbee  | Frank | Rice | Cheek, Peterson-Ventura | Vossenkemper |

## Appendix F. Autism Primary Care Complexity Triage (APCCT) tool

|  |  |
| --- | --- |
| Complexity Level | Complexity Factors (1 point for each bullet) |
| Straightforward* 18mo-5yo
* Clear presentation
* Records available
* All history congruent
* Family/CG ready to discuss ASD
* Appropriate for Primary Care Autism evaluation
 | * 6yo+
* 12yo+
* Female, trans, or non-binary
* Medical complexity, such as:
	+ Multiple chronic diagnoses
	+ Concussion
	+ Genetic dx
* Gaps in history/limited records, such as:
	+ Homeschooled
	+ No hx of structured education
	+ Foster care hx
	+ Multiple (serial) early CG's
	+ Adoption
	+ Conflicting hx
* Significant Psycho-Social issues, such as:
	+ Family resistance to evaluation
	+ Hx of homelessness
	+ CG language barrier
	+ Cultural barrier (ASD- foreign concept)
	+ CG-child conflict
	+ CG learning disability/literacy issues
	+ CG SUD
	+ Hx of institutional care
 |
| Mild Complexity* ≤3 complexity factors
* Appropriate for Primary Care Autism evaluation at provider discretion
 | Mental Health Complexity* Family hx of psychotic disorders
* 1st degree relative with psychotic disorder
* SUD
* Trauma/abuse
* PTSD dx following trauma
* Single (1st) psychiatric hospitalization
* Multiple psychiatric hospitalizations
* Hx of manic/psychotic episodes
* Reactive Attachment Disorder dx
* Multiple (>3) psych dx
 |
| Moderate Complexity* 4-10 complexity factors

**-or-*** 3+ Mental health factors

**-or-*** CG firm resistance to evaluation
* Appropriate for Autism evaluation with experienced providers at provider discretion
 |
| High Complexity- Refer for specialty evaluation* No developmental hx available

**-or-*** 2+ Neuro factors

**-or-*** 11+ complexity factors

**-or-*** 5+ Mental health factors

**-or-*** >17yo

**-or-*** <18mo

**-or-*** Tricare insurance
 | Neurological Complexity* Moderate-Severe TBI
* Memory impairment
* Active seizure disorder
* Cerebral Palsy
* Severe vision impairment
* Hearing impairment
* Other significant neurological conditions
* Fetal drug/alcohol exposure
 |

CG - Caregiver, SUD- Substance Use Disorder, hx-history, dx-diagnosis (Buzbee, 2023)

**Background**:

In 2019, I completed the Autism Center of Excellence (COE) training through the Washington Health Care Authority, which allows community providers to diagnose autism spectrum disorder (ASD) in straightforward cases in their medical home. This allowed me to diagnose patients who sometimes had been waiting for years to see a specialist. Diagnosing autism in young children is my favorite part of my job. It is meaningful work which can have a significant impact on long-term outcomes. However, I quickly found that there is a great deal of community confusion regarding what the COE training is and which patients it is appropriate for. The situation can be summarized in four connected problems.

1. **The demand for ASD evaluations exceeds the capacity of specialists** (both in Washington and nationally), (Johnson, et al., 2023).
	1. Training primary care providers to diagnose ASD is a partial solution, but even with this system change, wait times to see specialists are excessive.
2. **Patients presenting to community Autism COE providers are often complex and exceed COE training.**
	1. The Autism COE training (~12h) does not replace the years of training that specialists go through.
	2. Most parents don’t understand the difference between a COE and speciality providers, they’re just looking for someone to help their child.
3. **There are significant racial and SES disparities in access to autism care in the US** (Johnson, et al., 2023)
	1. Families with literacy challenges & lack of documented developmental histories are more likely to present to community providers than specialists who have the time & assessment tools to serve complex patients.
4. **Patient/system demands that exceed provider time & resources contributes to provider burnout**
	1. I have observed many primary care COE colleagues stop providing autism evaluations or quit entirely due to burnout and patient demands far exceeding what they could manage in a work day.
	2. Most primary care COE’s I know who continue to engage in this work are only able to by devoting many hours of unpaid personal time to record review and documentation. This is not a sustainable expectation.
	3. Provider burnout is a crisis in the US healthcare system which contributes to decreased health care access and increased health disparities (AAMC, 2020).

Provider burnout increases problem #1. Disorganized systems contribute to problems #2, 3 & 4. The APCCT tool is aimed at triaging patients to make systems more efficient for both patients and providers. I literally dreamed this tool up one night while working on my LEND (Leadership Education in Neurodevelopmental and related Disabilities) project and have made adjustments based on feedback from providers at Seattle Children’s Autism Center, the University of Washington Institute of Human Development and Disabilities and Washington Autism COE providers.

**Instructions for Use:**

The APCCT tool is a triaging framework to be used at provider discretion. Individual providers have diverse experiences, training and backgrounds and should evaluate ASD as is appropriate for their individual scope, training and comfort level. This tool is meant to help sort the very complex cases who need to see specialists get on the appropriate wait-lists sooner and help schedule cases to match provider time and skill capacity. Which specialist a patient should be referred to depends on age, individual complexity factors, and available regional specialty providers. Generally, neurological factors indicate referral to neurodevelopmental or neurology clinics. Mental health factors usually indicate a need for psychiatric and/or psychology assessment. A long list of complexity factors may require a team evaluation at an autism or developmental clinic. Patients with Tri-Care insurance should contact their insurance carrier for prior authorization and list of approved providers. Adults should see providers (usually psychologists) trained in adult ASD evaluations.

**Permissions for Use:**

The APCCT tool is free for primary care providers and clinics to use to serve young and under-resourced patients with concerns for ASD. If you choose to modify this tool for your individual practice, please note “Adapted from APCCT, Buzbee, 2023”. Anyone interested in using the APCCT for commercial or electronic use should contact heatherbuzbeepnp3@gmail.com for permission.

Heather Buzbee, MSN, CPNP-PC, PMHNP-BC, PhD-S

**References:**

Association of American Medical Colleges. (2020). The complexities of physician supply and demand: Projections from 2018 to 2033.

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##

## Appendix G. Intake packet example

**CLINIC NAME Autism Center**

Greetings. We are pleased to be of service to you and your child. Enclosed are materials we ask for you to fill out as completely as you can and return to us at your earliest convenience. If your child is in preschool or daycare, or receives services with a speech or occupational therapist, please have them fill out the Teacher Interview Form and return it with your other forms. Once we receive everything, we will contact you to set up an appointment for your child’s Autism Evaluation with FILL IN PROVIDER’S NAMES. **Your appointment cannot be scheduled until we receive your paperwork. You can mail or fax it back. Or to speed up the process, you can drop them off at our location at the address provided on the business card**. FILL IN PROVIDER’S NAMES have combined general pediatrics experience of 40+ years and have received certification through the Washington State Autism Center of Excellence (COE).

Your child’s first appointment will be done virtually. This is an intake appointment to gather more information about your child. The second appointment will include an autism evaluation tool for toddlers and young children. It can be done virtually or in person depending on their age and your preference. These appointments will last 40-60 minutes. Given the length of the appointments, it is critical that you not miss your appointment and that you are well prepared for the visit. If you are unable to keep your child’s appointment due to serious personal issues, you must call at least 48 hours in advance to cancel (425-493-6002). **Any unexcused or missed appointments will result in cancellation of your child’s evaluation and your child will NOT be rescheduled as we have a waiting list and you may have to seek autism services elsewhere. REVISE THIS ENTIRE SECTION TO MEET YOUR SPECIFICS**

The virtual appointment will involve review of the medical and developmental information you submitted and other specific questions that are aimed at understanding who your child is, how they play and interact with other children and adults, and what kinds of behaviors they exhibit in various situations.

At the second appointment, we will observe your child play. There will be an additional appointment after that to give you final feedback and discuss treatment planning.

We are really happy to be here to help you and your child. We know being referred for an autism evaluation can be a difficult situation to face. It is critical for you and the health care providers to understand all your child’s needs and conditions as fully as possible in order for them to thrive and blossom to their full potential. Please know that we will continue to be available at later dates as a resource for you, as it relates to special needs services and help you and your primary care provider navigate the system and how to best advocate for your child. We look forward to meeting you and your child, and will work hard to schedule the appointment as soon as we possibly can.

Sincerely,

Your COMPANY NAME Autism Team

**Cost for Evaluation**

**COMPANY NAME**

**Autism Center**

The estimated cost of our full diagnostic evaluation is approximately [FILL IN]. This includes 7 hours of the physicians’ time (intake, assessment, report writing, and treatment planning) over the course of 3 appointments. You will receive an official report at the end of the evaluation.

If your insurance does not cover the entire cost of the appointment, you will be responsible for the remaining balance. EXAMPLE ONLY - DECIDE WITH YOUR FINANCE/BILLING DEPT HOW YOU WILL BILL AND HANDLE COMMERCIAL INSURANCE IF YOU ARE GOING TO ACCEPT IT

**Cancellation Policy:** All confirmed appointments require 24-hour advance notice for cancellation. If we do not receive at least 24-hour advance notice that you are canceling, you will be billed at the standard rate for that appointment. Exceptions may be made in the case of illness or family medical emergency. Please note that we cannot bill insurance companies for missed appointments. New clients who have not yet been seen, who “no show” for their appointment or cancel more than one appointment, will be removed from the waitlist and will not be seen.

I, the parent/legal guardian/patient understand that: (initial each box)

\_\_\_ I am responsible for all charges for services provided to me and/or my child by the COMPANY NAME unless insurance exclusions apply.

\_\_\_ I understand that some insurance companies do not cover some services provided and it is my responsibility to contact my insurance carrier to determine whether the services by the assigned provider will in fact be covered.

\_\_\_I understand my insurance may also have a deductible component. I verify I have checked or will check with my insurance prior to the scheduled appointment to make sure I know what cost I will be responsible for if there is a deductible.

**Print patient’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your signature below verifies that you have read this document, agree to its terms, and agree to pay for care received through the COMPANY NAME

 **Signature Date Printed Name**

 **Relationship**

If signed by person other than patient, please specify your relationship to patient: Parent/Guardian

Patient History for Neurodevelopmental Assessment

*(Note: You can find a fillable PDF version and an editable word of this history form on the COE google drive:*  [*https://drive.google.com/drive/folders/1efWB6SqWCN0587tqEJbiZq2g9XwJHyb8*](https://drive.google.com/drive/folders/1efWB6SqWCN0587tqEJbiZq2g9XwJHyb8)*)*

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian: Both parents Mother Father DSHS Foster Parent Adoptive Other: \_\_\_\_\_\_\_

Parents: Married\_\_\_\_\_ Separated\_\_\_\_\_ Divorced\_\_\_\_\_

**Current Concerns**
What are your primary concerns about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you first have these concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had previous evaluations for these concerns and what were you told?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you been told about your child’s future or any diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth and Early Infancy History**

Age of mother at time of birth \_\_\_\_\_\_ and age of father at time of birth \_\_\_\_\_\_

Was the pregnancy planned? Unknown No Yes

Does the mother have any history of miscarriage or still birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any difficulty becoming pregnant? No Yes Unsure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the mother exposed to any of the following while pregnant? None  Yes (check all that apply)
 Drugs Marijuana Alcohol Tobacco Prescription Medications X- rays

Did the mother experience any significant illness during pregnancy? Unknown No Yes
If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labor and Deliver: Vaginal C-section Forceps Vacuum assist Unknown

Was the delivery difficult? Unknown No Yes If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age in weeks at time of delivery: \_\_\_\_\_ weeks Birth Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were there any problems after birth? (examples: jaundice, need for oxygen, infections, feeding problems, seizures): Unknown No Yes If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were there any difficulties during infancy? (examples: excessive crying, vomiting, “colic”, poor feeding, sleep difficulty):
 Unknown No Yes If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Order: 1st 2nd 3rd 4th \_\_\_\_ child

Age first sat: \_\_\_\_ Age first crawled: \_\_\_\_ Age first walked: \_\_\_\_\_

Age first word: \_\_\_\_\_ Age first 2-word phrase: \_\_\_\_\_

Age first pointed: \_\_\_\_ Age first smile:\_\_\_\_

Head circumference size **normal?**: Yes\_\_\_\_ No\_\_\_\_ (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical and Physical History**

Does your child have any allergies? No Yes Unsure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child having any sleep issues? No Yes: Restless Snoring Pauses Night awakenings

 Difficulty falling asleep  Sleep walking  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any feeding issues? No Yes: Gagging Vomiting Underweight Overweight

 Feeding self  Picky eater  Sitting still for a meal  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of food does your child eat? Formula Pureed Finely Chopped Regular

Problems with Toileting: Constipation soiling, Bladder control, Bedwetting (please circle) ?  No  Yes

Toilet trained at what age \_\_\_\_\_

Has your child had their hearing tested? No Yes Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_

Has your child had their vision tested? No Yes Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any history of hospitalizations, surgeries, serious accidents, head injury or concussion, serious or chronic illness?  No  Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any pain issues or concerns? No Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child use corrective or adaptive equipment, such as glasses, leg braces, crutches, walker, or wheelchair? No Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**

Please list all current medicines, supplements, and homeopathic remedies your child is currently taking:

*Medicine: Dose: Prescribed to treat:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous medications for ADHD, mental health diagnoses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Development/Behavioral/Mental Health History and Therapies**

Has your child had any of the following?  ADD/ADHD  Anxiety  Depression  Speech/language difficulty  Fine/gross motor/coordination difficulty

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any therapists, counselors, or agencies who have worked with your child: None

*Service or agency: Location: Dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did your child have any attachment or bonding difficulties before the age of 5? No Yes

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child participate in any community activities, such as sports, clubs or religious group?

 No Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have concerns with how your child plays or interacts with other children? \_\_\_\_\_\_Social skills? \_\_\_\_\_\_\_\_

Does child seek same age friends?  No  Yes Do same age friends seek out your child?  No  Yes

If your child is talking, are they easy to understand:  No  Yes

If you child is not talking, how do they communicate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s favorite activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you consider to be your child’s strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you consider to be your child’s weakness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have concerns about your child’s behavior? No Yes If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School/Education**

Did child attend preschool or Head start?  No  Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently enrolled in school?  No Yes

(name of school and district):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_ Teacher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an IEP (Individualized Educational Plan)?  No  Yes

 If yes, what services do they receive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s classroom: General Education General education with pull out Self-contained classroom

Has the school voiced any behavioral or academic concerns? No Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Has your child had any of the following problems in school? | Yes | No | Grades |
| Speech or language  |  |  |  |
| Reading /dyslexia |  |  |  |
| Writing problem |  |  |  |
| Spelling |  |  |  |
| Math |  |  |  |
| Learning disability |  |  |  |
| Suspensions |  |  |  |
| Repeating a grade |  |  |  |
|  |  |  |  |

**Development**

Please list your child’s developmental progress in the following areas:
(Compare your child’s development to other children their age. Please check the appropriate box.)



**Family History**

Family medical history is an important part of developing a plan of care for your child. Please indicate if anyone in your family has the following conditions:



**Social History**

Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed:\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest grade level completed or higher education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed: \_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest grade level completed or higher education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Name: Gender: Age: Lives with child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do any other individuals live with the child? No Yes

Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discipline:**

What methods have been used to improve the child’s behavior at home and what methods have worked best?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Verbal reprimands |  |  |  |
| Spanking |  |  |  |
| Withdrawal of privileges |  |  |  |
| Grounding |  |  |  |
| Rewards |  |  |  |
| Time Out |  |  |  |

Have you participated in any parenting trainings or classes?  No  Yes (please indicate which one)

 Parent Child Interaction Training (PCIT)  Triple P (Positive Parenting Program)  Incredible Years  Other

Do you have any religious or cultural beliefs that are important for us to know when providing care?

 No Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else that you would like us to know about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My child currently has the following services in place:

 Developmental Disabilities Administration (DDA), DDA Case Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security/SSI

Birth – 3 Services (ESIT through Opportunity Counsel or Whatcom Center for Early Learning)
Family Resource Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Therapy, Physical Therapy, Speech Therapy (where):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applied Behavioral Analysis (ABA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like more information about:

 Developmental Disabilities Administration (DDA)

 Social Security/SSI

 Counseling Resources (for child, sibling, family members)

 Transition to Adult Care (guardianship, vocational training, independent living)

 Parent Support (Parent to Parent, The Arc, etc.)

 None of the above

*Thank you to Jim Troutman and the Everett Clinic for sharing their intake materials.*

## Appendix H. COE Evaluation Requirements

The primary responsibility of a Center of Excellence for prescribing ABA treatment under a Medicaid benefit is to **accurately diagnose autism spectrum disorders** and then to **determine the medical necessity for applied behavior analysis therapies (ABA)** including multi-disciplinary treatment recommendations. (see [WAC 182-531A-0500](https://app.leg.wa.gov/WAC/default.aspx?cite=182-531A-0500) for more information)

COE evaluations should include, but not be limited to, the following information:

* COE Information - Provider name, organization name, NPI, contact information, including email and perhaps a point of contact if there are issues with the paperwork.
* Client Information - ProviderOne number, DOB, parent/guardian names and contact information
* History of present concerns
* Past Medical history
* Child’s health history
* Vision and hearing testing results
* Allergies
* Medications
* Review of Systems
* Neurology History
* Current Functioning
* Reported and observed Stereotypical or repetitive behaviors
* Education and Therapy
* Family and social history
* Physical exam/behavioral observations
* Neurodevelopmental assessment
* Diagnosis
* Recommendations including the ABA order, utilizing the provided template
* DSM 5 checklist

Included in this documentation are the steps taken to determine an accurate diagnosis:

* Child’s early development: may be obtained from well child visits, family interview, and records of cooperating agencies such as birth to three agencies.
* Results of appropriate hearing and vision screening (to indicate language challenges are not a result of another disorder)
* Any autism screening tools that may have been administered
* Any/all autism specific diagnostic instruments such as ADOS or other validated diagnostic instruments.
* Behaviors observed or reported indicating criteria met based on DSM-5 criteria
* Any pertinent cognitive, speech/language, motor behavioral and/or adaptive instruments that may have been administered as additional evidence of a comprehensive accurate diagnostic.
* Additional studies that may have been administered including laboratory studies.
* Child’s behavioral issues, including those that may show his/her problem behaviors that prevent progress in less intrusive more typical learning environments.

## Appendix I. Screening and diagnostic tools

List of common tools arranged by type, age range, and other features (last edited 9/13/2024)\*

*Note: The tools in this chart are not exhaustive or direct recommendations, but options to consider when designing your evaluation workflow.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Early childhood | Middle childhood | Adolescents | Adulthood |
| Record Review | ESIT *(Early Support for Infants and Toddlers)* Outside evaluation and therapy recordsTeacher/provider interview forms | IEP *(Individualized Education Program)*/504 planOutside evaluation and therapy recordsTeacher/provider interview forms | Work/employment history Outside evaluation and therapy recordsTeacher/provider interview forms |
| Level-1 screening (*questionnaires*) | **M-CHAT-R/F *(Modified Checklist for Autism in Toddlers, Revised with Follow-up)***CASD *(Checklist for Autism Spectrum Disorder)*CSBS-ITC *(Communication and Symbolic Behavior Scales, Infant Toddler Checklist)*Q-CHAT *(Quantitative Checklist for Autism in Toddlers)* | **SCQ *(Social Communication Questionnaire)***ASRS *(Autism Spectrum Rating Scales)*CASD *(Checklist for Autism Spectrum Disorder)*SRS-2 *(Social Responsiveness Scale, Second Edition)* | **SCQ *(Social Communication Questionnaire)****†*AQ-10 *(Autism Quotient)**†*CAT-Q *(Camouflaging Autistic Traits Questionnaire)**†*RAADS-R *(Ritvo Autism Asperger Diagnostic Scale–Revised)* |
| Level-2 screening (*observations*) | **STAT *(Screening Tool for Autism in Toddlers & Young Children)***RITA-T *(Rapid Interactive Screening Test for Autism in Toddlers)* | *No observational screening tools are available for this age range. Recommendation to move directly to developmental and/or diagnostic interview if concerns are present.* |
| Parent/caregiver interview tools | **TASI *(Toddler Autism Symptomatology Interview)***PIA–CV *(Parent Interview for Autism–Clinical Version)* | **MIGDAS-2 *(Monteiro Interview Guidelines for Diagnosing the Autism Spectrum, Second Edition)***ADI-R *(Autism Diagnostic Interview, Revised)* |
| Observation and assessment tools | **TAP** *(TELE-ASD-PEDS)*CARS-2 *(Childhood Autism Rating Scales, Second Edition)*ADOS-2 *(Autism Diagnostic Observation Schedule, Second Edition)* | **CARS-2 *(Childhood Autism Rating Scales, Second Edition)***ADOS-2 *(Autism Diagnostic Observation Schedule, Second Edition)*AMSE *(Autism Mental Status Exam)*MIGDAS-2 *(Monteiro Interview Guidelines for Diagnosing the Autism Spectrum, Second Edition)* |
| Adaptive functioning tools | **ABAS-3 *(Adaptive Behavior Assessment System, Third Edition)***Vineland-3 *(Vineland Adaptive Behavior Scales, Third Edition – Interview or caregiver self-report)* |

*\*Bolded tools listed first have greater accessibility/ease of use, acceptability to insurance companies, and/or frequency of use in primary care settings.*

*†These tools have limited evidence base for use as screening or diagnostic tool; however, given the lack of tools for adult populations that are included as they may help you gather additional qualitative information to use.*

List of tools with details training, and costs arranged by type and alphabetically (last edited 5/6/2024).

*Please note that costs vary based on which version of the tool you choose to get (e.g., paper or online, hand score or scoring software). Costs in the table below may not reflect your actual start-up costs, but are intended to give an estimate of costs.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Tool | Age-range | Time to administer | Training | Start-up cost | Cost of ongoing use  | Languages offered | Publisher link |
| Observational and interview tools |
| ADI-R | All ages | 1.5-2.5 hour interview | Self-study ($1,142 video) | $415 kit (manual & 10 protocols) | $152/pack of 5 +$32/ per 10 algorithm forms | Many (15+) | <https://www.wpspublish.com/adi-r-autism-diagnostic-interviewrevised.html>  |
| ADOS-2 | All ages (5 versions) | 40-60 minute direct testing | Workshop ($600) and/ or Self-study ($1,329 video) | $2695 kit (manual, test materials, & 50 protocols)  | $90/pack of 10 for each module | Spanish | <https://www.wpspublish.com/ados-2-autism-diagnostic-observation-schedule-second-edition>  |
| AMSE | All ages | 5-10 minute scoring (based on your clinical observation) | Self-study (free video) | N/A; no standardized test materials | N/A | N/A | <https://autismmentalstatusexam.com/>  |
| CARS-2 | All ages (2 versions) | 5-10 minutes scoring (using your interview record review, observation) | Self-study (manual) | $308 kit (manual & 75 protocols; no standardized test materials) | $76/pack of 25 for each version | Italian, Bulgarian | <https://www.wpspublish.com/cars-2-childhood-autism-rating-scale-second-edition.html>  |
| MIGDAS-2 | All ages (2 versions) | 60-90 minute observation; 60-90 minute interview | Self-study (manual) | $314 kit (manual & 25 protocols; no standardized test materials) | $46/pack of 5 for each version | N/A | <https://www.wpspublish.com/migdas-2-monteiro-interview-guidelines-for-diagnosing-the-autism-spectrum-second-edition.html>  |
| RITA-T | Under 3 | 5-10 minutes | Self-study ($175 video) | $65 kit (test materials & protocols) | N/A | Spanish, Portuguese | <https://www.childrenshospital.org/research/labs/rita-t-research>  |
| STAT | Under 3 | 20 minutes | Self-study (included w/ kit) | $500 kit (test materials, manual, & protocols) | $25/pack of 25 protocols | N/A | <https://stat.vueinnovations.com/licensing>  |
| TASI | Under 3 | 30-40 minute interview | Self-study (free manual) | N/A | N/A | Arabic, Czech, Spanish, Portuguese | <https://www.mchatscreen.com/tasi/>  |
| TELE-ASD-PEDS | Under 3 | 10-20 minutes | Self-study (free videos & manual) | N/A (need to register first to access) | N/A | N/A | <https://vkc.vumc.org/vkc/triad/tele-asd-peds>  |
| PIA-CV | Under 6 | 30-40 minute interview (also has a parent report form) | Self-study | N/A | N/A | Spanish | <https://uwreadilab.com/tools-materials/>  |
| Questionnaires |
| ABAS-3 | All ages (5 versions) | 10-20 minutes | Self-study | $436-$616 (manual & 25 protocols, varies based on version) | $122/pack of 25 for each version | Spanish | <https://www.wpspublish.com/abas-3-adaptive-behavior-assessment-system-third-edition>  |
| ASRS | Ages 2-18 (2 versions) | 5-20 minutes | Self-study | $125 manual; $105/pack of 25 forms | $105/pack of 25 for each version | Spanish | [https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Autism-Spectrum-Rating-Scales/p/100000354.html](https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Autism-Spectrum-Rating-Scales/p/100000354.html#:~:text=The%20Autism%20Spectrum%20Rating%20Scales,aged%202%20to%2018%20years)  |
| AQ-10\* | Ages 5+ | 5 minutes | Self-study | Free | N/A | Many (5+) | <https://www.autismresearchcentre.com/tests/>  |
| CASD | Up to 16 | 15 minutes | Self-study | $150 kit (manual & 25 forms) | $68/pack of 25 forms | N/A | <https://www.wpspublish.com/casd-checklist-for-autism-spectrum-disorder>  |
| CAT-Q\* | Ages 16+ | 10-30 minutes | Self-study | Free | N/A | N/A | <https://link.springer.com/article/10.1007/s10803-018-3792-6> (see supplement) |
| CSBS-ITC | Under 6 (w/ language delay) | 5-25 minutes | Self-study | $66.95 manual, forms are free | N/A | N/A | <https://brookespublishing.com/product/csbs-dp-itc/>  |
| M-CHAT-R/F | Under 30 months | 5-30 minutes | Self-study | Free | N/A | Many | <https://www.mchatscreen.com/>  |
| Q-CHAT | Under 30 months | 5-30 minutes | Self-study | Free | N/A | Many | <https://www.autismresearchcentre.com/tests/quantitative-checklist-for-autism-in-toddlers-q-chat>  |
| RAADS:R\* | Ages 18+ | 10-30 minutes | Self-study | Free | N/A | N/A | <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134766/> (See Appendix A) |
| SCQ | Ages 4+ (2 versions) | 5-10 minutes | Self-study | $228 kit (manual & 40 forms | $20/pack of 20 forms | Many | <https://www.wpspublish.com/scq-social-communication-questionnaire.html>  |
| SRS-2 | Ages 2+ | 15-20 minutes | Self-study | $291 child or adult kit (manual & 25 of each version)  | $88/pack of 25 for each version | Spanish | <https://www.wpspublish.com/srs-2-social-responsiveness-scale-second-edition>  |
| VABS-3 | All ages (2 versions) | 30-60 minutes (also has an interview form) | Self-study ($185 manual | $195 manual and $113/pack of 25 for each version | $113/pack of 25 for each version | Spanish | <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Adaptive/Vineland-Adaptive-Behavior-Scales-%7C-Third-Edition/p/100001622.html> |

\*Use with caution. These tools have limited evidence base for use as a screening or diagnostic tool; however, they may help you gather additional qualitative information to use during an evaluation.

## Appendix J. Documentation and report templates

### Non-EMR template example

**ASD EVALUATION VISIT**

**Presenting Concern**:

**PAST MEDICAL HISTORY:**

**Perinatal complications or exposures:**

**Birth/Infancy:**

**Hospitalizations**:

**Specialty Care:**

**Vision:**

**Hearing**:

**Family History**:

**Social History**:

**EDUCATION:**

**THERAPIES/SERVICES:**

**FORMAL TESTING/EDUCATIONAL ASSESSMENTS/QUESTIONNAIRES:** *(e.g., ASQ, MCHAT, ADOS)*

**DEVELOPMENT (hx and current):**

**Gross Motor:**

**Fine Motor:**

**Adaptive:** *(clothes off/on, feeds self, toilet trained)*

**Social Skills:** *(played peekaboo, responds to name)*

**SOCIAL COMMUNICATION DOMAIN:**

1. **Social/Emotional Reciprocity:** difficulty initiating, responding to and sustaining engagement with others; participation in social interactions primarily on own terms; delays in development of shared joint attention; decreased response to name being called; decreased social smiling; communication primarily for needs-based purposes; decreased showing of objects (e.g., decreased showing items to parents without need for help), decreased sharing interest, activities or emotions with others; diminished imitation skills; decreased seeking/offering comfort to others; decreased response to physical affection, and difficulty participating in simple back and forth conversations (e.g. LIST CONVERSATIONAL CHARACTERISTICS).
2. **Non-verbal communicative behaviors used for social interaction:**avoidant OR inconsistent use of eye contact during social interaction, poor coordination of eye gaze with other means of communication (e.g. facial expressions, verbalizations), decreased use of gestures and body language (e.g. diminished pointing and other gestures), use of others’ bodies as a tool for communication, and decreased use of facial expressions to communicate feelings.
3. **Developing maintaining and understanding relationships:** including diminished interest in/initiations with peers, reduced interactive play, preference for solitary play, difficulty with turn taking

**RESTRICTED AND REPETITIVE DOMAIN:**

1. **Stereotypic or repetitive motor movements, use of objects, or speech:** including motor mannerisms (e.g., body tensing when excited, hand flapping, spinning, walking on toes, jumping, rocking), repetitive actions on objects (e.g., lining up, sorting, and/or spinning objects and repeating preferred actions with objects), interest in the mechanics of objects, non-functional/repetitive play (e.g., playing with toys not as they are intended), and repetitive use of language (e.g., presence of echolalia, scripted language, jargon, odd/high pitched vocalizations, use of made-up words).
2. **Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviors:** including difficulty with transitions and change, rigidity (e.g., eating rigidities, items must be in a specific place), insistence on routines/rituals (e.g., certain bath time order, sleep time), becomes upset when routines are disrupted (e.g., upset when parent take an alternate route in car, distressed by change in daycare routine), distress if minor changes occur in environment (e.g., moving furniture, a parent with new hairstyle/glasses), insistence on others’ participation in routines.
3. **Highly restricted, fixated interests that are abnormal in intensity or focus:** including presence of restricted interests, preoccupation with unusual objects (e.g., string, tearing paper, water, toilets, vacuums), excessively circumscribed interest (e.g., needing to have something in both hands, carries spoons/unusual object all day)
4. **Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment:** including tactile (e.g., EXAMPLE), auditory (e.g., EXAMPLE), visual (e.g., EXAMPLE), taste (e.g., EXAMPLE), or smell (e.g., EXAMPLE) sensitivities, as well as sensory seeking behavior (e.g., EXAMPLE).

**OTHER BEHAVIORS:** self-regulation, attention & executive function, oppositional and aggressive behavior, anxiety, depression.

**REVIEW OF SYSTEMS:**

**Growth:**

**Diet/GI**:

**Elimination:**

**Neuro:**

**Sleep:**

**Physical Examination/Observations**:

(this might refer to previous visit)

**ASSESSMENT/DX:**

Difficult Behavior

Speech Delay

**PLAN:**

Refer to Early Intervention for SCAP Eval if not already done

? Refer for ADOS

Return for feedback session after SCAP eval and/or ADOS completed/information reviewed (if it’s after ADOS then it’s Results Visit, if it’s after COE eval then it’s Eval Visit 2)

**-Given info on ABA and encouraged to call and find out where can be seen and get on waitlist.**

**-f/u 4-6 weeks after SCAP eval or ADOS done.**

**ASD EVAL VISIT 2**

**HPI:**

Seen previously in our office on (dates)

Evaluations completed since last visit (SCAP eval)

Enter any new information into the categories or reference the attached note.

**SOCIAL COMMUNICATION DOMAIN:**

**Social/Emotional Reciprocity:**

**Non-verbal communicative behaviors used for social interaction:**

**Developing maintaining and understanding relationships:**

**RESTRICTED AND REPETITIVE DOMAIN:**

**Stereotypic or repetitive motor movements, use of objects, or speech:**

**Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviors:**

**Highly restricted, fixated interests that are abnormal in intensity or focus:**

**Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment:**

**OTHER BEHAVIORS:**

**PLAN:**

-NOT ASD-->make sure set up with appropriate therapies

-Suspect ASD-->refer for ADOS, plan to f/u 4-6 weeks

**ASD RESULTS VISIT**

**HPI:**

Seen previously in our office on (dates)

Evaluations completed since last visit (ADOS, SCAP eval)

Enter any new information into the categories

**ASSESSMENT:**

Based on prior evaluations and assessments is found to have

(speech delay as well as deficits in social communication and social interaction across multiple contexts. S/He has abnormal social approach, no conversational skills, minimal social/emotional reciprocity, limited initiation of and response to social interaction, poorly integrated verbal and nonverbal communication, reduced eye contact, and difficulties in sharing imaginative play. He also has restricted, repetitive patterns of behavior such as lining objects, spinning in circles, and difficulty with transitions. He does not share interests with others and does not respond to his name being called. Based on history and examination, the patient meets the DSM V criteria for autism spectrum disorder. It is not clear whether this is with intellectual disability due to the young age and limited specific testing but he does have language impairment.)

Giving results to family, make sure to bring out positives: attention to detail, deep focus/concentration, observational skills, absorb and retain facts, visual skills, expertise, methodical approach/analytical/spotting patterns, novel approaches/unique thought processes, creativity, tenacity&resilience, accepting of difference, integrity/honesty/commitment.

**PLAN:**

If NOT ASD-->make sure set up with appropriate therapies, refer back for f/u development with pcp in 6 months.

If UNCERTAIN ASD-->refer to SCH, refer back to pcp for f/u development in 6months.

If YES ASD-->

**1. Would greatly benefit from early intervention or an individualized educational program through the school district. Early services can be provided in-home and through the developmental preschools and later services can be provided through public and private schools.**

**2. Would greatly benefit from intensive Applied Behavioral Therapy. Letter supplied to family today that serves as an order for ABA.**

**4. Parent Education and supports: handout provided on Autism resources, DDA, and SSI**

**3. Return to clinic in 1-2months** (at that visit 1-2months later: discuss genetics, find out where things are at with therapies and ABA, refer back to see pcp in 1-2 months)

*Thank you to Emily Bianconi, ARNP, Skagit Pediatrics, Mount Vernon, WA for sharing this template.*

### EMR-compatible template example

**ASD EVALUATION VISIT**

Patient Name: @NAME@

DOB: @DOB@

**Autism Evaluation**

Date of Service:  @ED@

**Primary Care Provider** is @PCP@.

Full intake materials provided were reviewed including a detailed health questionnaire and behavioral questionnaire using the Social Communication Observation Tool and the Checklist for Autism Spectrum Disorder - Short Form (CASD-SF) which is a combination of questions from multiple autistic spectrum questionnaires focused on the DSM 5 criteria for autism.

**Chief Concern**: @FPREFNAME@ is a @AGEPEDS@ @SEX@ who presents for a diagnostic assessment specific to autism spectrum disorder in the context of speech delay and behavioral concerns.

Primary concern(s):  \*\*\*

Parent first became concerned when @FPREFNAME@ was \*\*\*.

@FPREFNAME@ is in \*\*\* grade at  \*\*\* (\*\*\* SD).  He/she does/does not receive services.

**Pregnancy**:  Mom was \*\*\* yo and dad was \*\*\* yo at time of delivery.  Good pregnancy.  No history of miscarriage.  No etoh/tobacco/drugs.

**Birth**: Born at \*\*\* weeks via \*\*\*.  BW \*\*\*.  Passed newborn hearing screen.  No problems after delivery.  This is their \*\*\* child.

**Medical history**: Healthy infant.  \*\*\*  No hospitalizations or surgeries.

**Developmental history:** First sat at \*\*\* months, crawled at \*\*\* months, walked at \*\*\* months.  First word at \*\*\* months and 2 word phrases at \*\*\* months.  First point at \*\*\* months and first smile at \*\*\* months.
Head circumference was \*\*\*normal.

**Medications**: @CURRENTMEDS@

**Allergies**: No Known Allergies

**Immunizations**: Up to date.

**Vision**:  No concerns.

**Hearing**:  Hearing tested at birth and normal.

**Sleep**:  \*\*\*

**Diet**: \*\*\*

**Elimination**: No constipation.  Toilet trained at \*\*\* yo.

**Family History:**  No family history of autism.

**Social History**: Lives at home with mom, dad and \*\*\*.

**Stressors/Traumas:**\*\*\*.

**Favorite activities:**  \*\*\*.

**Strengths**: \*\*\*.  Loving supportive family.

**Challenges:** \*\*\*

**Current Development:**

**Social Communication Observation Tool**

**Communication**:

Delay in, or total lack of, the development of spoken language:

Difficulty holding conversation:

Unusual or repetitive language:

Play that is not developmentally appropriate:

**Restricted, Repetitive Stereotyped Behaviors/Movements:**

Interests that are narrow in focus, intense, or unusual:

Unreasonable insistence on sameness/routines:

Repetitive motor mannerisms:

Preoccupation with parts of objects:

**Social Skills:**

Lack of social or emotional reciprocity:

Difficulty using nonverbal behaviors to regulate social interaction:

Little sharing of pleasure, achievements, or interests with others:

Failure to develop age-appropriate peer relationships:

**Associated Concerns:**

Unusual sensory interests:

Unusual responses to sensory input:

**Motor skills:**

Gross motor:

Fine motor:

**Adaptive***:*

**Checklist for Autism Spectrum Disorder - Short Form (CASD-SF):**

**Score**

**FORMAL TESTING/EDUCATIONAL ASSESSMENTS/QUESTIONNAIRES:**

**Teacher Interview Form completed by \*\*\*.**

Child's school program:  \*\*\*

Child's academic functioning: \*\*\*

Child's communication skills:   \*\*\*

Child social functioning in structured settings: \*\*\*

Child social functioning in unstructured settings: \*\*\*

Quality of student's peer relationships:  \*\*\*

Restricted or repetitive behaviors:  \*\*\*

Concerns for autism spectrum disorder:  \*\*\*

Social problems                      \*\*\*

Academic problems                \*\*\*

Behavior problems                  \*\*\*

Description of behavior problems at school: \*\*\*

**Review of systems:**

Constitutional: No growth concerns. HEENT: Normal hearing testing at birth. No vision concerns. Cardiac: No heart problems. Respiratory: No breathing problems. GU: No GU problems. GI: No nausea, vomiting, diarrhea or constipation.  Selective eater.  Skin: No unusual birthmarks and no rashes. Neurological: No history of seizures or head injury. Sleep: There are sleep difficulties.

**Physical Examination:**

There were no vitals taken for this visit.

General: Alert and well-nourished; No acute distress

Skin: no rashes

Eyes: Non-injected.

Head: Normocephalic

Ears: Normal position/morphology

Nose: No lesions; No discharge

Mouth: mucous membranes moist

Lungs: Respiratory effort normal

C/V: Not performed

Abdomen: Not performed

Neuro: Grossly normal; interaction appropriate for age

Exam done with help of parent.

**Assessment/Plan**:

@FNAME@ is a @AGEPEDS@ @SEX@ with speech delay and characteristics concerning for autism.

Plan for in person autism assessment tool.  Appointment scheduled.

Referral to audiology.

The pros and cons of a video visit for providing this care was reviewed with the patient's parent(s), and their verbal consent has been given to deliver this visit.

This visit was conducted real time, via synchronous interactive video & audio conferencing technology, utilizing the HIPAA compliant MyChart platform.  Patient and their family are located at home and PROVIDER NAME is located remotely in his/her home office, both within the state of Washington.

Time spent : E/M code was selected based on \*\*\* minutes spent on the date of encounter reviewing pertinent history and previous diagnostics, performing medically appropriate examination and evaluation, ordering diagnostic tests and/or medications, counseling and education to patient/family/caregiver. This excludes activities performed by clinical staff.

 **ASD RESULTS VISIT**

Patient Name: @NAME@

DOB: @DOB@

**AUTISM EVALUATION**

Date of Service:  @ED@

@FNAME@ is seen today for the second part of \*\*\*his/her autism evaluation using the \*\*\*.  He/she is accompanied by \*\*\* parent.

**UPDATES:**

**@VITALS@**

**PROCEDURE:  \*\*\***

**EVALUATION RESULTS:  \*\*\***

**ASSESSMENT/PLAN**:

@FNAME@ is a @AGEPEDS@ @SEX@ with speech delay.  \*\*\* exhibited challenges regarding effective social communication (both verbal and nonverbal), social interaction, as well as atypical restricted and repetitive behaviors (i.e. strong/repetitive interests, characteristic body use). Based on review of records, history, examination and observations, the patient meets the DSM V criteria for autism spectrum disorder. It is not clear whether this is with intellectual disability due to his/her\*\*\* young age and limited specific testing but there is language impairment.

\*\*\* demonstrates a number of strengths that include:  .  \*\*\* has supportive family members who are strong advocates for \*\*\*. With appropriate intervention to address difficulties in language, social skills, social communication, and behavior, the prognosis seems favorable for \*\*\* to make positive gains in these areas.

1. Autism Spectrum Disorder with accompanying language impairment, requiring substantial support (level \*\*\*)

2. Speech and language delay

3. \*\*\*

Recommendations were developed based on records review, assessments, observations and caregiver interview completed by PROVIDER NAME as a certified autism specialist through the Washington State Center of Excellence. PROVIDER NAME recommends that the report and recommendations be shared with all professionals providing services for your child.

1. Continue regular visits with your doctor.  Continue with @FNAME@'s \*\*\* therapy.

2. If your child is older than 3, it is recommended that @FNAME@'s IEP be revised to incorporate an autism diagnosis. \*\*\* will benefit from specially designed instruction in the areas of social-emotional, adaptive, cognitive, and communication skills as well as sensory accommodations. Contact ARC for an IEP parent mentor if you wish for extra parental support. If your child is younger than 3, make sure you send this report to your local early intervention program your child is enrolled in so they can have this information and modify their services appropriately.

3. @FNAME@ would benefit from evidence-based intensive behavioral intervention using the methods such as applied behavior analysis (ABA) as part of \*\*\* educational curriculum at home or school. Intervention centers and private therapists can be located through <https://featautismguide.wordpress.com/> and by contacting the ARC in your local community.  Call and get on as many lists as you can and regularly call them back every few weeks to check on your child’s status. Be patient, it takes many months to get accepted due to long waiting lists. ABA agencies may request a copy of your child’s report and DSM 5 checklist. Item # 4 below is a formal order for ABA therapy which you can highlight and share with the agencies when you apply.

4. Many private insurance companies cover these services; therefore, through this report,**I am prescribing ABA services for @NAME@.  The behaviors and skill deficits are having an adverse impact on \*\*\* development as documented in this report. \*\*\* is exhibiting functional impairments across domains that interfere with the ability to participate adequately in home and community settings and will likely impact functioning in school.  Applied behavior analysis (ABA) services are ordered given the adverse impact of @FNAME@'s behaviors and core impairments.**

**ABA therapy has changed over the years since it was first developed. Some in the autism community hold strong views against its application given, in part, to the more negative reinforcement techniques that were previously employed. ABA is an individually designed program that is prescribed to specifically meet the needs of your child and his or her behaviors and social/sensory needs. The more your child has targeted behaviors or social or sensory deficits you really wish to work on and modify, the more likely your child would benefit from ABA therapy. It may not be the best fit for every child. ABA is now primarily based on positive reinforcements and has evolved a lot since its inception and when properly employed by skilled therapists it can have very positive benefits. It is recommended you apply and get on waiting lists and then read more and consider if you feel it would be in the best interest of your child.**

5. @FNAME@ may benefit from additional intervention with private community-based speech and occupational therapists in order to support \*\*\* communication and sensory needs.

6. @FNAME@'s family may benefit from continued parent support and education. The ARC of MODIFY FOR YOUR COUNTY (email; phone) offers support groups and lectures for parents of children with special needs.

7. @FNAME@'s family may be interested in accessing the 100 day kit from Autism Speaks, which is a resource for newly diagnosed families that can be accessed on the Autism Speaks website: <http://www.autismspeaks.org/family-services/tool-kits/100-day-kit>

8. @FNAME@ may qualify for state support and other funding sources. Developmental Disabilities Administration is part of the Department of Social and Health Services (DSHS).  Any person who has a qualifying developmental disability that starts before the age of 18 and is expected to continue indefinitely may be eligible for DDA services.  Eligibility is not based on a family’s income.  The following site includes the application and instructions to fill it out: <https://www.dshs.wa.gov/dda/consumers-and-families/eligibility>.  Supplemental Security Income (SSI) is a federal income supplement program designed to help people with disabilities and the elderly who have little or no income.  It is available when a family meets income eligibility guidelines and the child meets SSI disability criteria.  For more information go to[www.ssa.gov/applyfordisability/child.htm](http://www.ssa.gov/applyfordisability/child.htm) or call 1-800-772-1213.

9. Your doctor will order special lab tests to look for genetic causes or reasons for @FNAME@'s delays.  You are busy now so it is ok to wait on these tests for a few months. There is also a research study that is being conducted at Children to look for genetic causes of autism, if you are interested.

<https://sparkforautism.org/why/>

Your doctor can also write a prescription for diapers or pull-ups (if needed).

You can also get a prescription for a disability parking placard.

10. Contact Ben's Fund ([www.bensfund.org](http://www.bensfund.org)) to apply for up to $1000 in free grant money to help with any necessary items, like things to keep \*\*\* safe. It is pretty easy to get this money so definitely apply!  It is specifically for kids with ASD.

11. @FNAME@ is also eligible to participate in Camp Prov, a supported summer camp experience for children with special needs (3+ years old) and siblings too!  (<https://washington.providence.org/locations-directory/r/regional-medical-center/donate-and-volunteer/volunteer/summer-opportunities/camp-prov>). Other summer programs for children with special needs can be located through local parks and recreation centers or at [www.cshcn.org](http://www.cshcn.org).

12. There are informative videos you can watch through the Autism Clinic at Seattle Childrens Hospital.   <https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/development/autism-101/>

<https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/development/conversations-about-autism/>

13.  I will follow up with you in a few months to see how @FNAME@ is doing.

It was a pleasure to work with you and @FNAME@. \*\*\* is fortunate to come from a very loving and supportive home.  Please feel free to call me or send me a message with any questions regarding this report.

Peds time spent: Total of \*\*\* minutes spent today with patient/patient family and in counseling and/or activities in coordination of care related to play observation- chart review, report writing and communication, labs and referrals as described and recorded today in the visit.

*Thank you to Susana Myers, DO, for compiling and sharing this template*

### Clinical Diagnosis: DSM-5 Checklist

|  |  |
| --- | --- |
| **DSM-5 Criteria** | **Autism Spectrum****Disorder** |
| *NOTE:If the individual has a well established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or PDD-NOS, please check this box. Please then either reclassify them using the below criteria or complete and attach the DSM-IV checklist to verify diagnosis.* |  |
| **A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:** |  |
| 1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 |  |
| 1. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 |  |
| 1. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behaviors to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
 |  |
| **Social-Communication Domain Total (must meet all 3):** |  |
| Specify Current Severity:(circle on in column on right) | **Requires**: Support (1)Substantial Support (2)Very Substantial Support (3) |
| **B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:** |  |
| 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypeis, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 |  |
| 1. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 |  |
| 1. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 |  |
| 1. Hyper-or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
 |  |
| **Restricted and Repetitive Domain Total (must meet at least 2):** |  |
| Specify Currently Severity:(circle on in column on right) | **Requires**: Support (1)Substantial Support (2)Very Substantial Support (3) |
| **C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).** |  |
| **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 or global developmental delay.** |  |
| **Autism Spectrum Disorder Criteria Met?** | **YES/NO** |
| **With or Without Intellectual Impairment?** | **WITH/WITHOUT** |
| **With or Without Language Impairment?** | **WITH/WITHOUT** |
| **Associated With Any Known:**(1] medical/genetic/environmental condition/factor: 2] neurodevelopmental /mental/behavioral disorder, 3] catatonia) |  |
| Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

## Appendix K. Reimbursement and billing guides

### CPT billing codes, descriptions, and reimbursement rates (as of March 2023)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **CPT Code** | **Estimated Medicaid Reimbursement as of March 2023\* (can vary by setting)** | **Descriptions** | **Provider Types** |
| Evaluations | 99205 | $83.03 to $101.27$124.68 to $153.15 for ages 0-20 only | Office Visit, New Patient | MD, ARNP, ND |
| 99215 | $66.03 to $83.03$99.07 to $125.63 for ages 0-20 only | Office Visit, Established Patient | MD, ARNP, ND |
| G2212 (the Medicaid version of 99417) | $18.25 to $18.84 | Prolonged services (must be used with 99205 or 99215. up to 3 hours) | MD, ARNP, ND |
| 90791 | $100.28 to $117.47 | Psychiatric Diagnostic Evaluation | Psychiatrist, Psychiatric ARNP, Psychologist, MHPs |
| 90792 | $99.62 to $114.38 | Psychiatric Diagnostic Evaluation with Medical Services | Psychiatrist, Psychiatric ARNP |
| 9613096131 [EPA if 16 years or older, cannot exceed 7 in combination with 96131] | $61.95 to $69.14$45.44 to $51.27 | Psychological Testing | Psychologist |
| 96136[PA if 16 or older] | $13.59 to $26.02 | Psychological Testing | Psychologist |
| 9611296113 | $72.83 to $73.80 $32.43 to $34.76 | Developmental Testing | MD, ARNP, ND, Psychologist, SLP |
| 92521925229252392524 | $78.26$65.45$133.61$64.47 | Speech and Hearing Evals | SLP |
| Treatment Planning | 99367[0-18 years] | $47.38 to $63.89 |  | MD, ARNP, ND, Psychologist |
| Records Review | 90885 | Considered a bundled service, not payable separately. |  | MD, ARNP, ND, Psychologist |
| Add on Codes | 90785 | $8.49 to $9.82 | Interactive complexity | Psychiatrist, Psychiatric ARNP, Psychologist |

*\*Medicaid reimbursement rates from Health Care Authority fee schedules, specifically the “Physician-related/professional services fee schedules” here:* [*https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules*](https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules)

**MHP** – Mental Health Providers (e.g., LICSW, LMHC, LMFT)

**EPA** - Expedited Prior Authorization

**PA** - Written or Fax Prior Authorization

### Evaluation and Management Time Based Billing Table (Effective January 1, 2021)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **New Patient E/M CPT** | **Time Range** | **G2212/99417 Add-On** |  | **Established Patient E/M CPT** | **Time Range** | **G2212/99417 Add-On** |
| 99202 | 15-29 minutes | n/a | 99212 | 10-19 minutes | n/a |
| 99203 | 30-44 minutes | n/a | 99213 | 20-29 minutes | n/a |
| 99204 | 45-59 minutes | n/a | 99214 | 30-39 minutes | n/a |
| 99205 | 60-74 minutes | +1 unit for 75-89 minutes+2 units for 90-104 minutes+3 units for 105-119 minutes+4 units for 120-134 minutes+5 units for 135-149 minutes+6 units for 150-164 minutes+7 units for 165-179 minutes | 99215 | 40-54 minutes | +1 unit for 55-69 minutes+2 units for 70-84 minutes+3 units for 85-99 minutes+4 units for 100-114 minutes+5 units for 115-129 minutes+6 units for 130-144 minutes+7 units for 145-159 minutes+8 units for 160-174 minutes+9 units for 175-189 minutes |

### Diagnosis Codes

CDC ICD-10 Information: <https://www.cdc.gov/nchs/icd/icd-10-cm.htm>

World Health Organization ICD-10 Browser tool (look up codes): <https://icd.who.int/browse10/2019/en>

For first visits at the Seattle Children’s Autism Center before a diagnosis has been established, we often bill “**F88: Delayed Social and Emotional Development**” and have had good success in getting reimbursed (*Jen Gerdts, PhD, Clinical Psychologist at Seattle Children’s Autism Center*)

* F84.0 Autistic disorder
* Z13.41 Encounter for autism screening

### Billing resources

* AMA Guidelines <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
* HCA Provider billing guides and fee schedules <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>
* CMS Improving the Collection of Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes <https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf>

*Last revision Mar 2023. Tables adapted from Suggested Codes for COE Evaluations. Information compiled by Sophie Lu, MN, PPCNP-BC, ARNP for the Medical Home Partnerships Project (MHPP). If you have comments or questions, please reach out to Sophie Lu, ARNP at* *sophielu@uw.edu**.*

## Appendix L. Medicaid ABA order template

### ABA Order template for autism diagnosis

CHILD was formally evaluated on DATE at PRACTICE by PROVIDER, DEGREE. CHILD demonstrated impairments in social interaction, social communication and atypical behavior consistent with Autism Spectrum Disorder (DSM-5 criteria; ICD-10 code F84.0). CHILD’s behaviors and skill deficits are having an adverse impact on: 1) development, and 2) social communication. CHILD demonstrates atypical behaviors, as documented on DATE, including functional impairments that interfere with her ability to participate adequately in home, school and community environments.

Since that time, CHILD has continued to have deficits in his functioning. Applied behavioral analysis (ABA) services are ordered at this time, given the adverse impact of CHILD’s behaviors and core impairments. There is no equally effective alternative available for 1) reducing severe interfering or disruptive behaviors and 2) increasing pro-social behaviors, and achieving desired behaviors and improvements in functioning. Applied behavioral analysis services are reasonably expected to result in a measureable improvement in CHILD’s skills and behaviors.

If further information is required, please do not hesitate to contact PROVIDER at NUMBER.

Sincerely,

PROVIDER

PRACTICE

***[Attach the completed DSM-5 checklist and any other supporting documentation from your evaluation, with appropriate ROIs, to reduce the need for back-and-forth communication. Full template can be found*** [***here***](https://drive.google.com/drive/folders/1_Slrrr88UY6-U685V4swvAz3vGANF1vg)***]***

### ABA order template for non-autism diagnosis

NAME (DOB: \_\_\_\_\_\_\_) is a \_\_\_\_\_-year-old \_\_\_\_\_\_\_\_\_\_\_with a history/diagnosis of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. NAME is a patient at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_ symptoms as noted in his/her clinic note(s) dated \_\_\_\_\_\_\_\_\_\_.

**Applied behavioral analysis (ABA) services are ordered at this time and deemed medically necessary,** given the adverse impact of NAME’s behaviors and core impairments. There is no equally effective alternative available for reducing severe interfering or disruptive behaviors, and achieving desired behaviors and improvements in functioning. Applied behavioral analysis services are reasonably expected to result in a measureable improvement in NAMES’s skills and behaviors. Please see [attached reference article](https://senadvocates.co.uk/wp-content/uploads/2014/11/ABA-Applied-Behavior-Analysis-and-Neurodevelopmental-Disorders-Louis-P-Hagopian-and-Eric-W-Boelter.pdf) to support ABA in neurodevelopmental disorders by Drs. Hagopian and Boelter. If further information is required, please do not hesitate to let me know.

NAME is able to actively participate in ABA therapy.

If further information is required, please do not hesitate to contact CLINICIAN at NUMBER

Sincerely,

Provider Name

Title

***[Full template with article and additional references attached can be found*** [***here***](https://drive.google.com/drive/folders/1_Slrrr88UY6-U685V4swvAz3vGANF1vg)***]***