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Certified Public Manager Project Paper

The Development of Eligibility Determination Procedures for the Autism Division

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Agency: South Carolina Department of Disabilities and Special Needs

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STATE DOCUMENTS

The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including mental retardation, autism, traumatic brain injury, spinal cord injury and conditions related to each of these disabilities. Primary responsibilities of DDSN include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improving the quality of services and efficiency of operations. These services are provided through three divisions within DDSN: the Autism Division, Head and Spinal Cord Division and Mental Retardation Division. The focus of this paper will be on the Autism Division.

The Autism Division provides an array of services to individuals with autism, their families and professionals who work with individuals with autism across the state of South Carolina. Services include training, consultation, eligibility determination, supported living, and supported employment. As shown on the division's organization chart (Attachment 1), the Autism Division is lead by a Director who is centrally located in Columbia. There are satellite offices in Spartanburg, Columbia, Florence and Charleston, each under the auspices of a Regional Administrator. The Regional Administrator is responsible for the delivery of services in their region. With the exception of the Florence office, each region has an Administrative Assistant, two Consultants who are responsible for consultation, diagnoses and training, a diagnostic center responsible for determining the presence of autism and a Residential Director responsible for the management of the supported living and employment services in the region. The Florence office has no diagnostic center or residential program.

In June of 2002, the Autism Division Director of the previous 10 years retired. As a result, I was presented with the opportunity to move into a top management position within DDSN. With little regard for the magnitude of the task, I accepted the position. Prior to this, my primary responsibility in the Autism Division was the management of the statewide residential and employment programs. Because of the numerous and stringent standards for operating such programs, I was accustomed to having specific written guidelines by which the programs were managed. In an effort to better understand how other Autism service areas functioned, I asked each Administrator to bring their operations manual to the next scheduled management meeting and be prepared to give a brief overview of how they delivered services. Because each region, other than geographic locations, is set up in the same manner, and to encourage participation by all staff, I planned to let each Administrator expound on a different area. Because eligibility determination is the initial step that must be completed before any other services are received, this report was to be made first. During the course of the report, I realized that each Administrator gave a different account as to how eligibility determination was reached, and with few exceptions, there were no common elements. Each region used different intake procedures, forms, and assessment tools and adhered to vastly different timeframes for completing the entire eligibility process. After the meeting, I reviewed the eligibility determination data from each of the division's Carolina Autism Resource and Evaluation (CARE) Centers for the past three fiscal years and found additional inadequacies and inefficiencies of the current process.

In each of the past three fiscal years, the Autism Division has set for the three CARE Centers a combined goal of completing 210 diagnostic evaluations. Individually, Charleston was responsible for completing 60, Columbia 70, and Greenville 80. Statewide and individual expectations did not change during the three-year period. While I was unable to determine the

variance in expectations, it cannot be contributed to the make-up of the center staff as all centers are identically staffed. As evidenced by the figures, no center ever reached its projected goal and in the case of the Charleston center, the number of completions actually declined each year. The information pertaining to the Charleston center was particularly disturbing because the Charleston center was the first diagnostic center established and had the most experienced staff.

While the Autism Division has and continues to provide services to its consumers, it has done so without the benefit of pertinent written operating protocols. The division's inadequate policies and operating procedures have fostered an environment of inconsistency in the manner in which the division's service delivery responsibilities are implemented in the satellite offices across the state. In an effort to ameliorate these occurrences, the vision for this process improvement project is to develop a manual that clearly identifies the Autism Division's service delivery responsibilities and establishes specific operational procedures and guidelines for implementation of the identified responsibilities. This manual will serve as the foundation for consistency and monitoring in the satellite offices across the state.

To initiate this process project, I shared my concerns and vision for change with my immediate supervisor, Dr. Lacy. In an effort to convince her that this project would be successful, I completed a forcefield analysis (Attachment 2) to demonstrate that the project was appropriately timed, feasible and worthwhile. I assured Dr. Lacy that I would keep her abreast of project's progress during our biweekly meetings. After reviewing the information, Dr. Lacy agreed with the need for the project and told me to proceed with its development. To accomplish this, a change team was established consisting of the Regional Administrators (Administrators) and the Director of Training and Quality Assurance (QA Director). The Administrators include Cathi from Florence, Jodi from Charleston, Collie from Spartanburg, and James from Columbia.

The QA Director is Bruce. All Administrators were selected for the change team so the project's objective would take into consideration the various geographical concerns specific to each region. In addition, the support of all Administrators was imperative to the success of the plan given their level of responsibility in their respective regions. The QA Director was selected for assistance with potential staff training needs and the development of measurement tools to determine if the plan was successful once implemented.

The group agreed to meet every other month on the third Wednesday from 10:00 a.m. until 3:00 p.m. in Columbia, as it was centrally located. The late start and early finish would allow team members to handle family responsibilities in the mornings and afternoons on meeting days. In return, each team member would be responsible for providing snacks during their assigned month so the team could work through lunch. To assure the regular meetings were productive, each workgroup or individual would be required to make electronic reports at least one week prior to the regular meeting date of the entire team. This allowed time for each team member to review all work and come prepared to discuss any concerns. It also made it possible for the members to determine what impact if any the other material would have on their area.

In an effort to assure that the team focused on the same problem, I explained our purpose by sharing my vision for change. I indicted that my concerns were not criticisms of their efforts or an indictment of the previous Director. I encouraged them to view this as an opportunity to be more responsive to our growing consumer base and simultaneously deal with shrinking personnel and financial resources. Being more organized would also help us to help each other to problem solve from the same base of operations. With four separate systems that existed now, problem solving was extremely difficult.

After considering all information, the team decided the project would be more manageable and have a greater chance to succeed if it was initially piloted in one region. Charleston was selected because it consistently had the lowest number of completed eligibility cases during the past three years and its current evaluation process was in most disarray. The team believed that if the new process could yield successful results in the Charleston region given its poor performance, the process could be generalized to the other three regions with equal success. As such, the specific objective of this process improvement project is to develop written procedures that outline the eligibility determination process for the Charleston region.

Because of the procedural inconsistencies across the state pertaining to eligibility determination, the team needed to gain consensus on how eligibility determination would be defined within the Autism Division. Using information from germane agency standards and eligibility related best practices, the team defined eligibility determination as an organized process used to ascertain if persons meet established criteria in order to access services provided by the Autism Division. The components of this process include referrals, diagnostic assessments and case disposition. Bruce led the group through an exercise designed to operationally outline the new definition to include minimum requirements, related forms and task completion timeframes needed for an efficient and effective eligibility determination process to occur. After all information was gathered, it was used to develop a detailed flow chart for the eligibility process (Attachment 3). The flow chart provided the team with a pictorial view of the entire process and enabled them to see and eliminate complexity. It also highlighted the numerous tasks involved in this project. In an effort to assure that no tasks were overlooked but instead completed in a timely fashion, a Gantt chart was developed (Attachment 4). Using the process information from the flow chart and the timeframes and assignments from the Gantt

chart, the team began to complete the tasks necessary to accomplish its stated goal, the development of written procedures that outline the Autism Division's eligibility determination process. A summary of the major tasks and those responsible for completing them are as follows.

- **Referral Procedures:** (Attachment 5) Jodi and Daniel were charged with the responsibility of converting the flow chart into a procedural document. In an effort to assure that the Autism Division internal eligibility process did not contradict or conflict with any current DDSN procedures, throughout the drafting of the document, Jodi and Daniel consulted with Service Coordination, the Consumer Assessment Team (CAT) Director, and the Columbia area Administrative Support staff.
- **Forms:** (Attachments 6a – 6g) Collie was responsible for developing the forms because of the design skills of his region's administrative support staff. Collie and his staff worked closely with Jodi and Daniel as procedural changes often required the development of new forms or modification of existing documents.
- **Quality Assurance/Quality Improvement:** (Attachment 7) During the past three years, the Autism Division eligibility determination process has not been monitored. With each region employing a different system, not only could no comparisons be made but also it was difficult to determine if the systems in place were effective. In an effort to assure that the new procedures are followed and that a process exists that allows for regional comparisons and trend analysis, Bruce was assigned the task of developing a uniform quality assurance system for eligibility determination.

- **Filing System:** (Attachment 8) DDSN policy 368-01-DD, Individual Service Delivery Records Management, addresses what consumer records must be kept and how long they must be maintained. Using this as a guide, Cathi was given the responsibility of developing an organized system for consumer file maintenance that would be utilized in all regions. The team members felt monitoring a process such as eligibility determination would be less taxing if the reviewers only had to be familiar with one document management system.
- **Tracking System:** (Attachment 9) James worked on the tracking system because it would be managed from his region. This system would be used to determine how long an individual was in the eligibility determination process. DDSN policy mandates that all determinations be resolved within three months. The Autism system would list the names of all individuals currently being considered for services and shade the names of those who are beyond the three-month period. This list will be sent monthly to the Division Director and each Administrator. James started this process three months before the pilot so some comparisons could be made.
- **Assessment Tools:** (Attachment 10) All team members worked on the development of these procedures so the skill level of all consultants could be taken into consideration. Procedures will also be drafted to help determine each user's reliability with the current tools and a process for adding additional tools.

After several months of work and review, all the process steps, except quality assurance, were completed. Bruce was unable to develop a comprehensive QA/QI system until all other

procedures were finalized. Once the pilot began in July, he would have approximately three months to complete his task before the first QA/QI visit was scheduled to take place.

The final task before implementation was the training of the Charleston staff. Jodi, the two Consultants and the Administrative Assistant met with the team for a two-day training session. As part of the training, the staff received a list of items they would need to purchase prior to the July 1 start date. An absolute and marginal cost analysis was done after the list was developed and it was determined that all items could be purchased for approximately \$2,600. The most expensive items included two file cabinets and 100 six-tab folders.

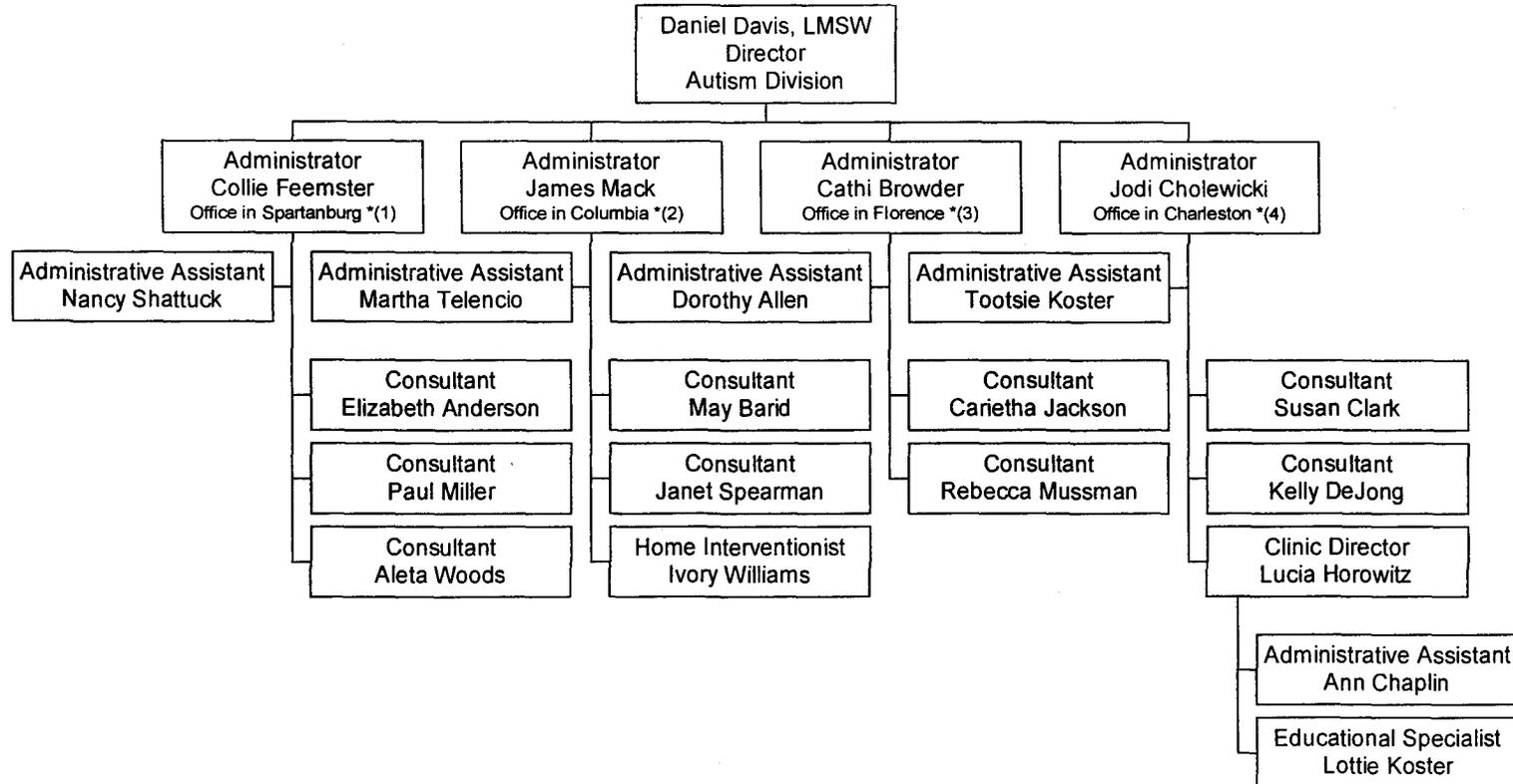
With the training and purchasing complete, the pilot was implemented on schedule in July. While only a few questions related to the new procedures were raised during the three-month trial, the team anticipated the major issues would reveal themselves in October during the first QA/QI review. When October arrived, a four-member team from the Autism Division Central Office conducted the review. The team members included Bruce, Mary, Tamara and Daniel. Conducting the review proved very time consuming and confusing for the reviewers and local staff. Some of the problems included:

- The local records were not organized in a manner for the team to easily determine the referrals from the past six months. This process alone took over an hour. If all four regions were to be reviewed, it would have been impossible.
- Per the process, 5% of the consumers in the referral process for the past six months were to be randomly selected for the review. No scientific method to accomplish this had been considered.

- Several of the questions were incorrectly worded. The meanings were not as clear during the review as during the development. The local staff was upset if the team's interpretation lowered the local score.
- The team was not prepared to discuss the review with the local staff on the day in which the review was conducted. They were not pleased.

Bruce and the project team continue to meet to resolve these and other concerns. In an effort to assure that all issues are dealt with, we asked the Charleston staff to critique the process and provide the team with suggestions as to how the process could be improved. In addition, the team will have to rethink how the files are organized in reference to the information needed to conduct the reviews. It is still my belief that there is a need for written procedures. I think a major error was made by not including more of the local staff in the developmental stages of this entire process. That input will now be solicited as we continue with this process improvement project.

Autism Division REGIONAL OFFICES



*** Counties Served**

1. Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda, Spartanburg, Union
2. Aiken, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, York
3. Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg
4. Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg

Effective July 1, 2003

Revised April 2, 2004

AUTISM DIVISION ~ INTAKE

Eligibility Process

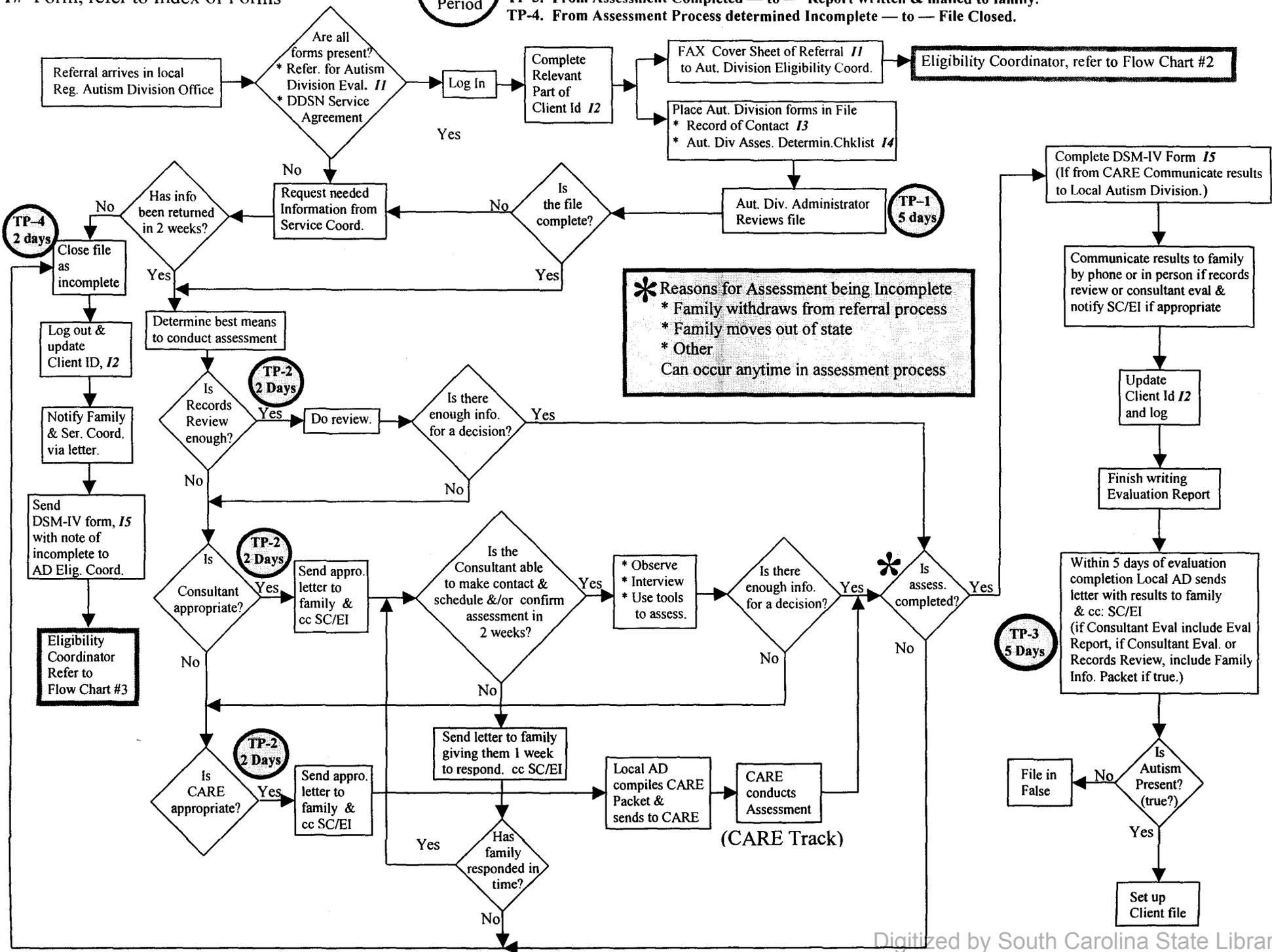
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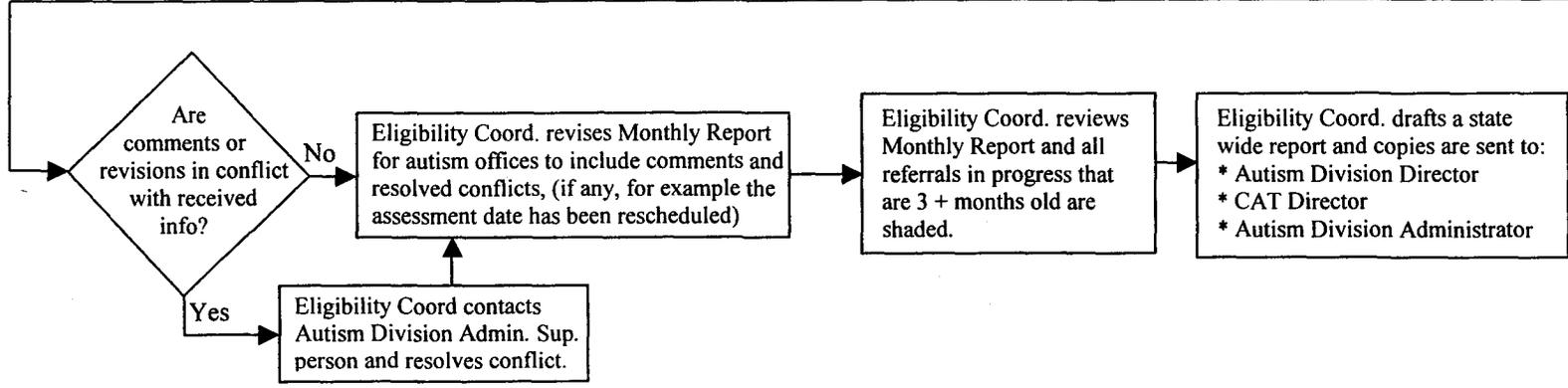
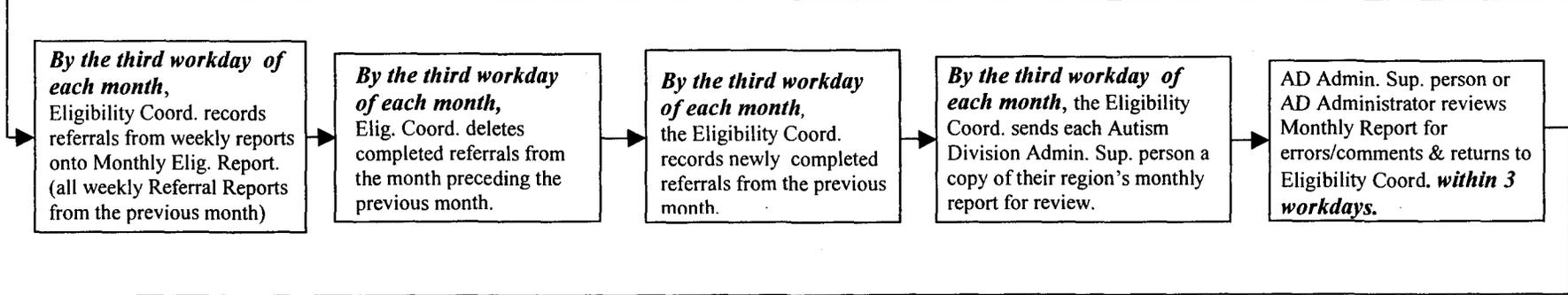
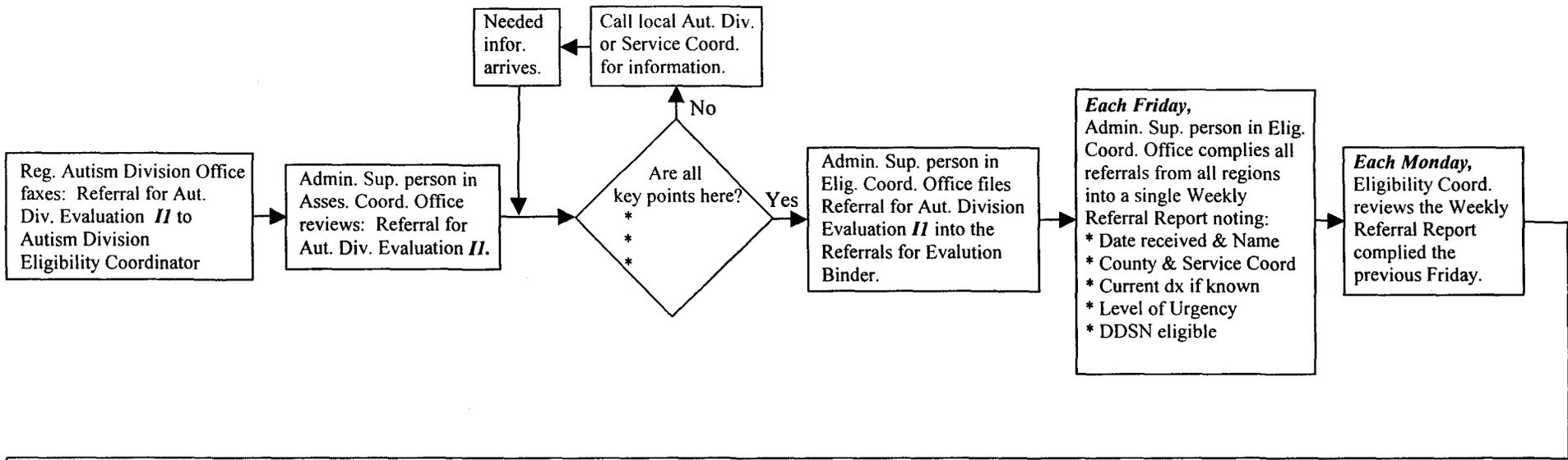
I# Form, refer to Index of Forms

TP:
Time
Period

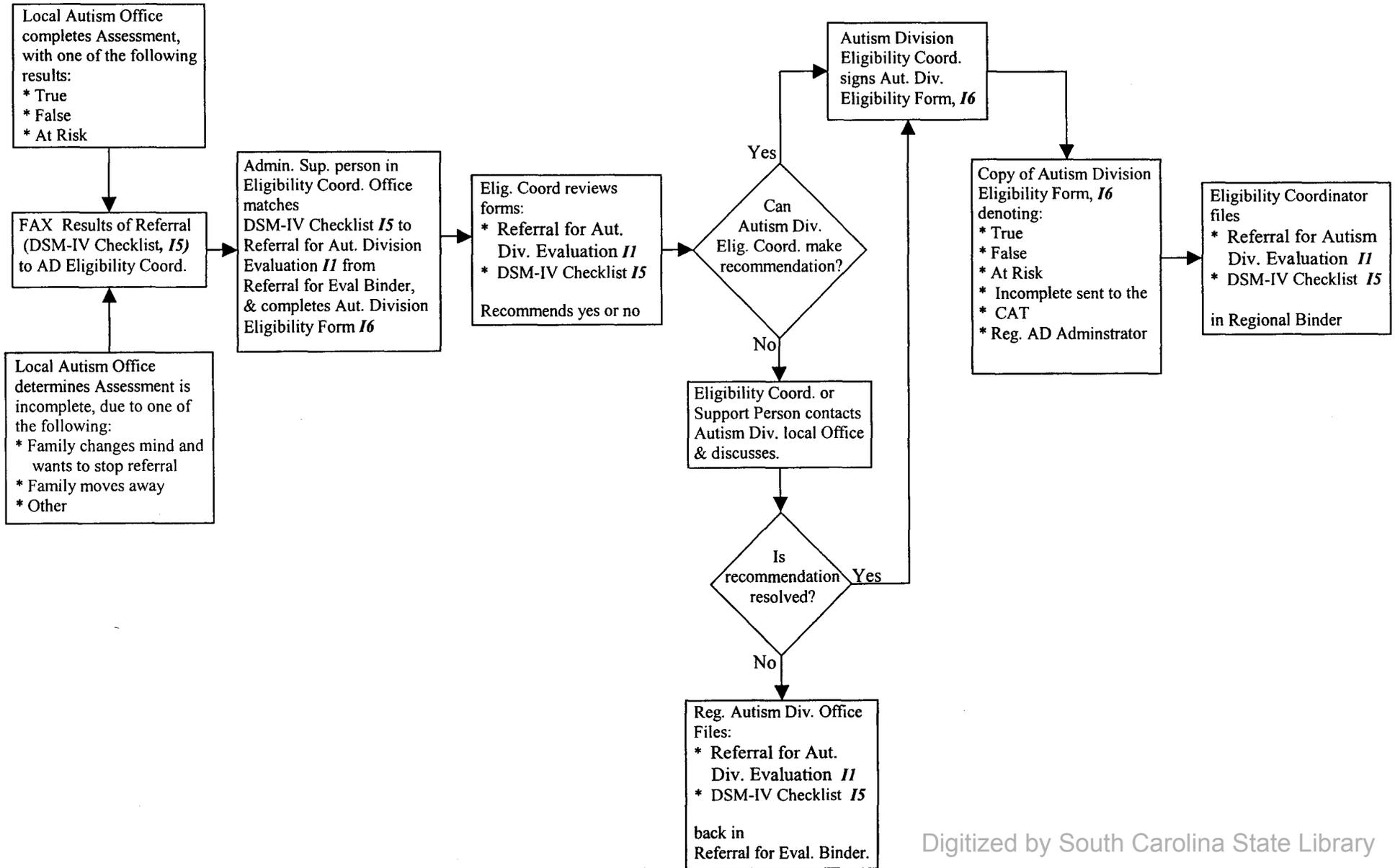
TP-1. From Request made — to — all forms received & Administrator reviews.
 TP-2. From Completed File reviewed — to — Assessment Process initiated.
 TP-3. From Assessment Completed — to — Report written & mailed to family.
 TP-4. From Assessment Process determined Incomplete — to — File Closed.



Flow Chart #2: Intake and Reporting

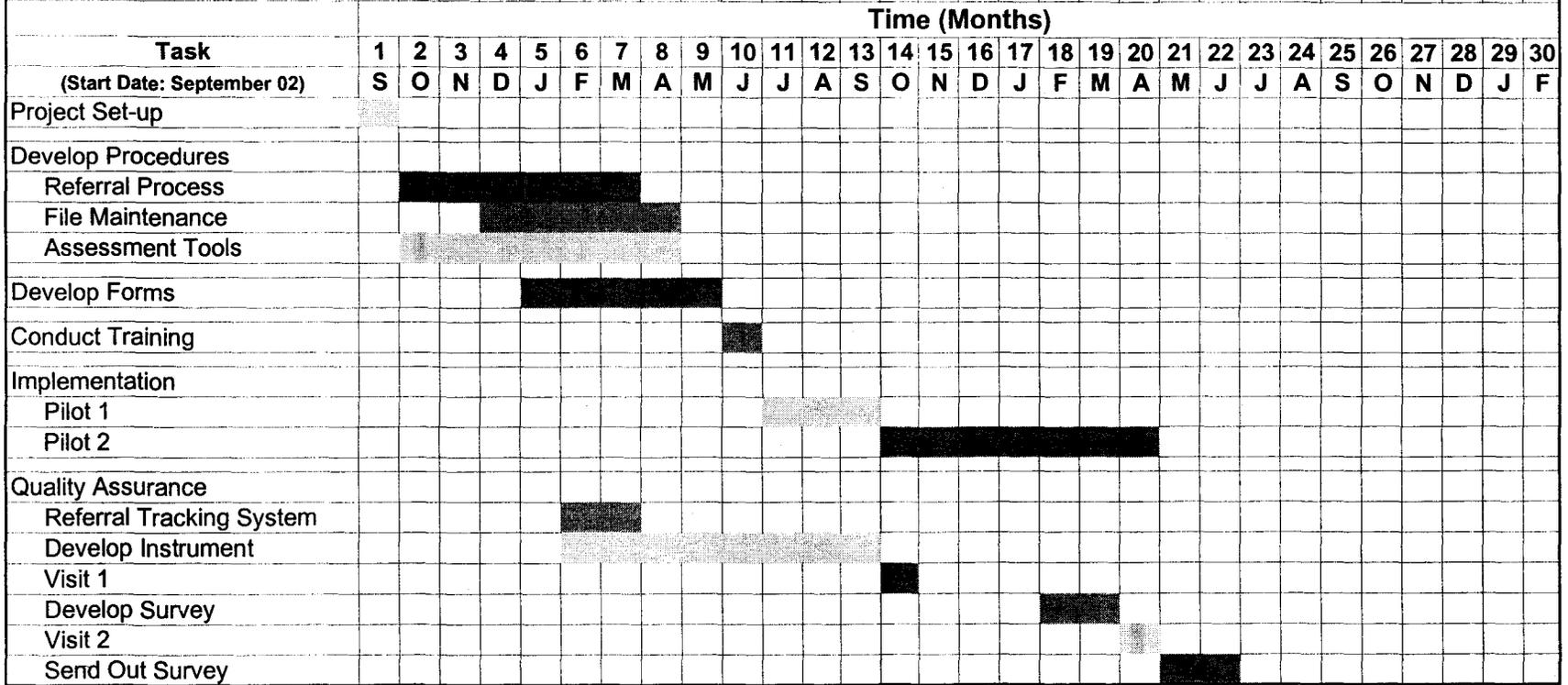


Flow Chart #3: Finalizing Referrals



Attachment 4
Gantt Chart

Project: Eligibility Determination Procedures



AUTISM DIVISION ~ INTAKE

Eligibility Determination

Referral Procedures

Referral Initiation

When Autism is suspected by a parent or professional or has been diagnosed by a licensed or certified professional, the Service Coordinator (SC) or Early Interventionist (EI) will send a packet containing pertinent documentation and records along with a *Referral for Autism Division Evaluation* form (I1) to the appropriate Autism Division Office for a determination. If there are critical needs that must be addressed sooner than an autism evaluation may be completed, the SC/EI will contact the appropriate Autism Division Administrator to discuss the case. If the Autism Administrator concurs that there is an immediate need, the SC/EI will also pursue eligibility through the Consumer Assessment Team so that non-autism related services could be considered while the autism determination is pending. Should this occur, the Autism Administrator will notify the Division's Eligibility Coordinator and the Eligibility Coordinator will notify the Consumer Assessment Director. This will help ensure that the individual's record is processed without an autism evaluation.

Referral Process

1. As referrals come in from the SC/EI, the local Administrative Support staff will:
 - Check for the *Referral for Autism Division Evaluation* form (I1) and the DDSN Service Agreement. If missing, the support staff will contact the SC/EI to have the documents sent/faxed as soon as possible.
 - Record the referred individual's name on the *Referral Log* (F8).
 - Complete the relevant parts of the *Client Identification* database (use I2 and/or computer version).
 - Fax a copy of each *Referral for Autism Division Evaluation* form (I1) received to the Autism Division Eligibility Coordinator Support staff (Martha Telencio).
 - Place a *Record of Contact Sheet* (I3) and the *Autism Division Eligibility Determination Checklist* (I4) in the individual's file.
 - Give the file to the Autism Administrator for review.

2. The Administrator will review the file within five (5) days of the referral login date.
 - If important records are missing (psychological evaluations, developmental reports, etc), the local support staff will send a letter to the SC/EI with a two-week deadline to forward the information. This letter will be copied to the parents. If the documents are not received by the deadline, the referral will be closed as "incomplete," and a letter will be sent to the SC/EI and parents to that effect. The referral can be reopened once the documentation is received.

- If the record is intact, or once the materials are received, the Autism Administrator will determine the appropriate evaluation method. These methods include a Records Review, a Consultant Evaluation, or an evaluation by a CARE Center.
3. Within two (2) days of determining the method of evaluation, the local support staff will send the parent/caregiver a letter acknowledging the receipt of the referral and the method of evaluation to be pursued (see IL1-IL3 for standardized letters). The support staff will also send a copy of the letter to the SC/EI and put a copy in the individual's file.
 4. Possible evaluation/determination methods:
 - **Records Review:** If a records review is sufficient, the Autism Administrator will have two (2) workdays to complete a *DSM-IV Checklist (I5)* based on the information in the file. In order to accept a diagnosis from a licensed or certified professional there must be written documentation in the file including but not limited to the DSM-IV criteria met, a report of an evaluation which outlines the diagnostic tools used to confirm a diagnosis of autism, or an evaluation by a School Psychologist that documents a diagnosis of autism based on the guidelines of the SC Department of Education. If documentation is not sufficient, or the evidence in the body of the report does not support a diagnosis as claimed by the evaluator, the individual will be referred to the CARE Center for a second opinion.
 - **Consultant Evaluation:** If an evaluation by the consultant is determined appropriate, the evaluation will be completed within 30 days of being recorded on the *Referral Log (I8)*. Evaluations will include a review of documentation in the file, observations in the home, school, day program, or work setting, interviews and/or observations to reflect developmental history, and current status using at least two approved diagnostic tools from the Autism Division's repertoire. The *DSM-IV Checklist (I5)* will be filled out upon completion of the evaluation. The evaluation report will be finalized and disseminated to all appropriate persons within one (1) week of the evaluation.
 - **CARE Center:** If an evaluation by CARE is warranted, a copy of the file and the *Referral for Services from CARE Center (I7)* will be completed and forwarded to the appropriate Center. The CARE Center will keep the regional autism office abreast of the status regularly. Within two (2) days of the CARE Center's completion of the evaluation, the *DSM-IV Checklist (I5)* will be faxed to the regional autism office.
 5. As soon as the record review or an evaluation by the Consultant or the CARE Center is completed, the local support staff will fax a copy of the *DSM-IV Checklist (I5)* to the Eligibility Coordinator as notification. This will be done within 2 days of the completion of the evaluation.

Once the eligibility process is completed, the Eligibility Coordinator will mail the local support staff a copy of the *SCDDSN Autism Division Eligibility Form (I6)* used to process eligibility determination with the Consumer Assessment Team. The support staff will file this form with the referral.

6. After an individual has been determined to meet or not meet criteria for the Autistic Disorder, the Consultant/Administrator/CARE Center Director will notify the family/caregiver and SC/EI, by phone or in person, of the results and any recommendations made. The parent/caregiver should be told that they will be notified if/when DDSN eligibility is granted within 2 weeks by their SC/EI. SC/EIs will be sent an official eligibility notification letter from the DDSN Consumer Assessment Team and instructed to talk to the family/caregiver about what that means.

7. The local Autism Support Staff will:
 - Update the *Autism Determination Checklist (I4)*, the *Referral Log (I8)* and the *Client ID* database (I2 and/or computer version).
 - Send the appropriate letter based on the evaluation results and method of evaluation conducted to the parent/caregiver and send a copy to the SC/EI. The letters will be dated and mailed 5 days after notification is sent to the Eligibility Coordinator. This period allows for processing DDSN eligibility. A copy of the letter will be placed in the file (See IL4-IL9 for standardized letters).
 - Update the file.
 1. If the person was found to have autism, the local support staff will set up the file according to the Autism Division Consumer File Maintenance for Eligibility and Consultation document. The file will then be maintained in the appropriate location.
 2. If the person was found not to have autism, or the file was closed as incomplete, the local support staff will gather all documents and place them in a manila folder. This referral will be filed and kept in case the individual is reprocessed for eligibility in the future.

8. By the end of the last week of each month, it will be the responsibility of the local support staff to:
 - Input all required information from completed referrals into the Client ID database.
 - Provide the Eligibility Coordinator with an updated status report of pending referrals.

Pending Referrals

1. Martha will:
 - Review the *Referral for Autism Division Evaluation* forms (I1) sent by the different Autism Local Offices. If the form is incomplete, she will contact the local support staff to obtain the missing information.
 - File the form in the *Referrals for Evaluation* binder.
 - Compile a summary report each Friday of all the referrals received during the week. The report will reflect each region separately and include the name of the individual, the date the referral was received at the Autism Local Office, the county, the name of the SC/EI, the current diagnoses if known, the level of urgency, and if the individual is already DDSN eligible. After review by the Eligibility Coordinator, the report will be filed in the *Weekly/Monthly Referrals* binder.

2. By the third workday of each month, the Eligibility Coordinator will record the new referrals and dispositions from the previous month onto the *Monthly Eligibility Referral Report*.

Completed Referrals

1. Upon receiving the *DSM-IV Checklist* (I5) from the local support staff, Martha will complete the *SCDDSN Autism Division Eligibility* form (I6) and attach both to the *Referral for Evaluation form* (I1) for review by the Eligibility Coordinator.
2. The Eligibility Coordinator will review the information and determine whether eligibility is recommended as True (meets criteria for autistic disorder), At-Risk for Autism, Incomplete or False (does not meet criteria for autistic disorder), and sign the form. If a recommendation cannot be made, the Eligibility Coordinator will contact the appropriate Autism Administrator to discuss a course of action. Paperwork (I1, I5) will be filed back in the *Referrals for Evaluation* binder until the matter is resolved.
3. Martha will:
 - Send a copy of the completed form (I6) to the Consumer Assessment Team and the originating autism office. This process will be completed within two (2) workdays upon receipt of notification and concurrence by the Eligibility Coordinator.
 - File the eligibility paperwork (I1, I5, I6) in the appropriate *Regional Eligibility* binder (Coastal, Midlands, Piedmont, Pee Dee).
4. By the third workday of each month, the Eligibility Coordinator will:
 - Review the previous month's *Monthly Eligibility Referral Report* and delete all completed referrals (TRUE, FALSE, INC, At-Risk For Autism) from the report.
 - Review each *Regional Eligibility* binder and record the results of completed referrals within the past month.
 - Supply a copy of the month's activity for each region to the appropriate local support staff for their review and update.
5. The local support staff will have three (3) workdays to review, update and return the report. Once updates are received from the local support staff, the Eligibility Coordinator will update the referral report. If there are inconsistencies or conflicts, the Eligibility Coordinator will contact the local support staff to resolve the matter. All referrals still in progress over 3 months will be shaded for easy identification.
6. The Eligibility Coordinator will have three (3) workdays to provide completed copies of the *Monthly Eligibility Referral Report* to the Autism Division State Director, Consumer Assessment Director, and Autism Regional Administrators. A copy will also be given to Martha to file in the *Weekly/Monthly Referrals* binder.

REFERRAL FOR AUTISM DIVISION EVALUATION

Name of individual referred: _____ DOB: _____

Name of family member(s) or guardian(s): _____

Home address: _____

Telephone #: _____ Work #: _____ Best time to call: _____

County: _____ Soc. Sec. #: _____ Medicaid #: _____

Other Medical/Health Insurance Company: _____

Name, address, and phone of SC/EI (circle one): _____

Today's date: _____

Please include/attach the following information if available:

- | | |
|---|--|
| <input type="checkbox"/> Consumer Info. Summary
<input type="checkbox"/> POS/PCP/IFSP
<input type="checkbox"/> Medical evaluations
<input type="checkbox"/> Service Agreement form
<input type="checkbox"/> Social History (if available) | <input type="checkbox"/> Psychological assessment; behavioral program if relevant
<input type="checkbox"/> IEP/IPP/Hab Plan
<input type="checkbox"/> Genetics screening
<input type="checkbox"/> DDSN eligibility letter (if DDSN eligible)
<input type="checkbox"/> Other _____ |
|---|--|

Is documentation of prior diagnosis of Autism included? yes no

Reason for referral: _____

Rate level of need for Autism Division assessment/services:

- 1. Need is immediate AND critical (note reason in comment section)
- 2. Need is immediate, but NOT critical
- 3. Need is NEITHER immediate, nor critical

Additional comments:

What is this person's eligibility status with DDSN?

- Eligible _____ (date determined) _____ (category)
- Eligible, time limited _____ (re-eval date)
- Not eligible _____ (date determined)
- Pending with CAT _____ (date sent to CAT)

Autism Division use only

Referred to: _____

Autism Division Client Identification Form

New Change/Update date: _____
Referral date: _____ Evaluation completion date: _____
CARE AD staff evaluation Record Review
AD Staff completing form: _____

Client Name: _____ (last) (first) (m.i.) Region: _____ (CE/W, ME/W, PD/W, PE/W)
Address: _____ County: _____
Phone: _____
SS#: _____ DOB: _____ Sex: Race: * (White, Black, Asian, Hispanic, American Indian, Other)
Parent(s)/Guardian(s): _____
Address: _____
Home Phone: _____ Work Phone: _____

Eligibility:	True <input type="checkbox"/>	False <input type="checkbox"/>	Incomplete <input type="checkbox"/>	Other <input type="checkbox"/>
Diagnosis:	Autism <input type="checkbox"/>	PDD <input type="checkbox"/>	Asperger <input type="checkbox"/>	MR <input type="checkbox"/> _____ level CP <input type="checkbox"/>
	Communication D/O <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	
	Emotional Disturbance <input type="checkbox"/>	Sensory Processing D/O <input type="checkbox"/>		
Eligibility date:	_____	Is this time limited:	_____ (y, n)	DDSN active: _____ (y, n)

Comments: _____

<h2 style="margin: 0;">Autism Division</h2> <h3 style="margin: 0;">Eligibility Determination Checklist</h3>

INTAKE PROCEDURESDate Initials

- _____ _____ Referral Received on: _____
- _____ _____ SC/EI: _____ Phone: _____
- _____ _____ Contact with family/caregiver via: letter _____ phone _____
- _____ _____ If insufficient information received in packet, SC/EI contacted via phone
- _____ _____ If insufficient information received in packet, SC/EI contacted via letter

DIAGNOSIS BY LICENSED/CERTIFIED PROFESSIONALDate Initials

- _____ _____ Sufficient written documentation/report included in packet
- _____ _____ Review of documentation and eligibility determination made. Findings summarized with DSM-IV or memo to the file.
- _____ _____ Family/caregiver and SC/EI notified of results
- _____ _____ Results sent to Autism Division Eligibility Coordinator (ADEC)
- _____ _____ Letter of ineligibility sent (7-10 days after notifying ADEC)
- _____ _____ Letter of eligibility and family packet sent (7-10 days after notifying ADEC)
- _____ _____ Client ID form and database updated

DIAGNOSIS BY AUTISM DIVISION OR CAREDate Initials

- _____ _____ Referral sent to CARE Charleston _____ Columbia _____ Greenville _____
- _____ _____ Appointment Scheduled _____
- _____ _____ Assessment tools used: ADI-R CARS ADOS-G PEP/AAPEP
- _____ _____ GARS Other _____
- _____ _____ Family/caregiver and SC/EI notified of results
- _____ _____ Results sent to ADEC
- _____ _____ Report completed with DSM-IV criteria
- _____ _____ Letter of ineligibility sent (7-10 days after notifying ADEC)
- _____ _____ Letter of eligibility and family packet sent (7-10 days after notifying ADEC)
- _____ _____ Copies of report mailed (if not included with above letters)
- _____ _____ Client ID form and database updated

CRITERIA FOR AUTISTIC DISORDER

Name: _____

DOB: _____

Evaluator: _____

DOE: _____

Was criteria met? yes no Tools: _____

Was this a record review only? yes no Records from: _____

A) A total of six (or more) items from (1), (2), & (3), with at least two from (1), and one each from (2) & (3):

___ (1) Qualitative impairment in social interaction, as manifested by at least two of the following:

- a) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- b) failure to develop peer relationships appropriate to developmental level
- c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
- d) lack of social or emotional reciprocity

___ (2) Qualitative impairments in communication as manifested by at least one of the following:

- a) delay, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
- c) stereotyped and repetitive use of language or idiosyncratic language
- d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

___ (3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- b) apparently inflexible adherence to specific, nonfunctional routines or rituals
- c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole body movements)
- d) persistent preoccupation with parts of objects

TOTAL # _____ (MINIMUM OF 6)

**___ B) Delays or abnormal functioning in at least one of the following areas, with onset prior to age three:
1) social interaction, 2) language as used in social communication, or 3) symbolic or imaginative play.**

___ C) the disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Form Completed By: _____

Date: _____

SCDDSN Autism Division Eligibility Form

Name: _____ DOB: _____

SS#: _____ Autism Consultant: _____

County: _____ SC/EI: _____

Already DDSN eligible? ___yes (MR RD High-Risk Infant At-Risk Child)

if time limited give re-eval date _____

___no

Referred to Autism Division on: _____

SCDDSN Autism Division Eligibility:

___ Recommended

___ Recommended with justification (attached)

___ Recommended for High Risk Infant ___ At Risk Child ___ Other time limited ___

To be reevaluated by _____

___ Not recommended

Recommendation based on:

___ CARE evaluation

Tools used: _____

By whom: _____ Date: _____

___ Autism Division Evaluation

Tools used: _____

By whom: _____ Date: _____

___ Record Review

Reviewed by: _____ Date: _____

Comments: _____

Autism Division Eligibility Coordinator

Date

Evaluation results received by ADEC: _____

Referral for Services from CARE Center

Name of Individual to be referred: _____

Name of family member or guardian: _____

Home address: _____

Home phone: _____ Work phone: _____

DOB: _____ Social Security # _____ Medicaid # _____

Name of consultant making referral: _____

Has this individual been receiving consultation from Autism Division? _____

Is there a support team in place for this individual? _____

Has a request for consultation been complete? _____ Yes _____ No

Name and address of Service Coordinator/Early Interventionist: _____

Name of school and teacher (or workplace/day treatment setting and supervisor):

Please indicate which service this individual is being referred for:

Diagnostic _____ Intensive Home Intervention Program _____

Referral location: _____ Charleston _____ Columbia _____ Greenville

Reason for referral: _____

Please include/attach the following information if available:

- | | |
|---|---|
| <input type="checkbox"/> Social History | <input type="checkbox"/> Psychological Assessment; |
| <input type="checkbox"/> Plan of Service/FSP | <input type="checkbox"/> Behavior Program if relevant |
| <input type="checkbox"/> Service Agreement Form | <input type="checkbox"/> CARS |
| <input type="checkbox"/> Consultant Report | <input type="checkbox"/> Medical Evaluation |
| <input type="checkbox"/> Genetics Screening | <input type="checkbox"/> Speech Evaluation |
| <input type="checkbox"/> IEP/IPP/Hab Plan | <input type="checkbox"/> OT/PT Evaluation |

E & P - Scheduled or Completed? (Circle one)

Date: _____

South Carolina Department of Disabilities and Special Needs

Autism Division

Quality Assurance & Quality Improvement

Policy and Procedures

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I. Introduction

In order to provide quality services, the SC DDSN Autism Division conducts an ongoing process of Quality Assurance/Quality Improvement (QA/QI). This document has the following purposes:

- To describe the process of QA/QI of the Autism Division
- To identify the timelines for conducting QA/QI
- To provide the documents necessary to conduct the Autism Division's QA/QI

II. Calculation of Review Sample

In order to accurately review the assessment process the Autism Division will review 5% of referrals. The selection of referrals will be made according to the two Quality Assurance/Quality Improvement Checks conducted each fiscal year. That process is outlined below

1. Selecting Months to sample

a. First QA/QI Check of Fiscal Year

This QA/QI Check occurs in October and reviews assessment activity from April through September of same calendar year. Files will be randomly selected of consumers who were new referrals during the months of April, May, and June*.

b. The second QA/QI check of Fiscal Year

This QA/QI Check occurs in April and reviews assessment activity from October through March of the same fiscal year. Files will be randomly selected of consumers who were new referrals during the months of October, November, and December*

- * These months are reviewed in order to gauge how the referral process progressed over a three-month period. A new referral at the end of June would be 3 months old by the end of September. A new referral at the end of December would be 3 months old by the end of March.

2. Statewide Coordination

The Columbia Autism Division manages statewide coordination of the Assessment Office Each of the two QA/QI Checks of the Fiscal Year will begin by reviewing the process for Statewide Coordination of the Assessment Process in the Columbia Autism Division office.

A determination of the total referrals statewide, for the 6 months designated by the First or Second QA/QI review will be determined for each of the four Autism Divisions offices which are Spartanburg, Columbia, Florence and Charleston. Five per cent of the total number of each region will also be determined for each office.

3. Local Autism Division Offices

The same consumer file selected at the Columbia Office in the Statewide Coordination will be tracked at each of the four Autism Division Offices.

III. Determining Size of the Review Sample

First QA/QI Check of Fiscal Year – Addresses 6 months, April through September.

Randomly select new referrals made in April, May and June

Check Appropriate box:

Second QA/QI Check of Fiscal Year – Addresses 6 months, October through March

Randomly select new referrals made in Oct., Nov., and Dec

	Spartanburg Office		Columbia Office			Florence Office			Charleston		
1. Number of new referrals during the 6 months of the QA/QI period being reviewed											
2. 5% of number of new referrals during the 6 months of the QA/QI period being reviewed											
3. Consultant Responsible	Miller	Anderson	Spearman	Baird	Mack	Browder	Jackson	Mussman	Clark	DeJong	Cholewicki
These are the consultants responsible for addressing referrals in specific counties	Cherokee Spartanburg Greenville Union	Abbeville Laurens Anderson McCormick Edgefield Oconee Greenwood Pickens Saluda	Aiken Lexington Fairfield York	Calhoun Lancaster Kershaw Richland	Newberry Chester	Dillon Marion Horry Marlboro	Chesterfield Lee Darlington Sumter	Clarendon Georgetown Florence Williamsburg	Allendale Colleton Bamberg Dorchester Barnwell Orangeburg	Beaufort Hampton Charleston Jasper	Berkeley
4. Number of new referrals during the 6 months of the QA/QI period being reviewed											
5. 5% of number of new referrals during the 6 months of the QA/QI period being reviewed											

IV. Selecting the Consumer files to Review

First QA/QI Check of Fiscal Year – Addresses 6 months, April through September.
Randomly select new referrals made in April, May and June

Check Appropriate box:

Second QA/QI Check of Fiscal Year – Addresses 6 months, October through March
Randomly select new referrals made in Oct., Nov., and Dec

Using the 5% number for each region randomly select consumers during the appropriate 3 month period for all consultants responsible for referrals. List the name of the consumer and date of birth under appropriate consultant.

Spartanburg Office		Columbia Office			Florence Office			Charleston		
Total for 6 months _____ 5% _____		Total for 6 months _____ 5% _____			Total for 6 months _____ 5% _____			Total for 6 months _____ 5% _____		
Miller	Anderson	Spearman	Baird	Mack	Browder	Jackson	Mussman	Clark	DeJong	Cholewicki
Cherokee Spartanburg Greenville Union	Abbeville Laurens Anderson McCormick Edgefield Oconee Greenwood Pickens Saluda	Aiken Lexington Fairfield York	Calhoun Lancaster Kershaw Richland	Newberry Chester	Dillon Marion Horry Marlboro	Chesterfield Lee Darlington Sumter	Clarendon Georgetown Florence Williamsburg	Allendale Colleton Bamberg Dorchester Barnwell Orangeburg	Beaufort Hampton Charleston Jasper	Berkeley
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
6.	6.	6.	6.	6.	6.	6.	6.	6.	6.	6.

VI. Summary Review
Statewide Coordination of Eligibility Process

Date of QA/QI Check _____

Person(s) doing Check _____

Check Appropriate box

1st QA/QI Check of Fiscal Year -Review new referrals in April, May & June 2nd QA/QI Check of Fiscal Year -Review new referrals in Oct., Nov. & Dec.

Total up ► Yes's , — No's & NA's for each item from the previous page(s)

Autism Division Office	Spartanburg	Columbia	Florence	Charleston	Statewide Totals
Total Referral Files Reviewed					
Answer the following questions ► Yes, — No, NA					
1. Copies of Refer. for Eval. <i>II</i> in Refer. for Eval Binder?					
Does the copy of <i>II</i> have the following?					
2. Date received and name?					
3. County & Service Coordinator?					
4. Current diagnosis is known?					
5. Level of Urgency?					
6. Either DDSN eligible or ineligible?					
7. Was Referral closed out by the 3 rd month?					
For referrals closed out, is there a record of:					
8. Referral for Autism Division Evaluation <i>II</i> ?					
9. Completed DSM-IV Checklist <i>I5</i> ?					
10. Completed Eligibility Form <i>I6</i> ?					
11. Record of correct information sent to CAT Team?					
Were the following items found?					
12. Statewide Referrals for Evaluation Binder?					
13. Referral Binder for each Autism Division Office?					
14. File of Monthly Statewide Referral Report?					
Total Yes					
Total No					
Total NA					
% (# of Yes / 14 x Overall # of referrals reviewed — #NA)					

VI. QA/QI Summary

Date of QA/QI Report _____

Person(s) doing Check _____

Check Appropriate box

First QA/QI Check – Addresses 6 months, April through September.

Second QA/QI – Addresses 6 months, October through March

Autism Division Office	Spartanburg	Columbia	Florence	Charleston	Statewide Tot Totals Av Averages
Eligibility					
A. Review Sample: Total Referrals					Tot
5% of Total Referrals (number of files reviewed)					Tot
B Stateside Coord. Process Score %					Av
C Local Coordination : Average # of days from Date of Referral to Eligibility Determined					Av
Process Score %					Av
Eligibility (Most recent visit)					
A. Review Sample: Total Referrals					Tot
5% of Total Referrals (number of files reviewed)					Tot
B Stateside Coord. Process Score %					Tot
C Local Coordination : Average # of days from Date of Referral to Eligibility Determined					Tot
Process Score %					Av
Eligibility (Visit before last)					
A. Review Sample: Total Referrals					Tot
5% of Total Referrals (number of files reviewed)					Tot
B Stateside Coord. Process Score %					Av
C Local Coordination : Average # of days from Date of Referral to Eligibility Determined					Av
Process Score %					Av

AUTISM DIVISION ~ INTAKE Eligibility Determination

Consumer File Maintenance for Eligibility

These procedures outline the manner in which files of individuals referred to the Autism Division are maintained.

Ineligible

For individuals determined not to be eligible or whose cases have been closed, all documentation will be placed in a manila folder and filed in a separate "false" cabinet. These files will be kept indefinitely.

Eligible

All individuals found eligible for Autism Division services will have a file set up using a six section folder based on the following guidelines:

Section 1

1. Service agreement forms/authorization to obtain & release information
2. Referral for Autism Division Evaluation (I1)
3. Autism Division Eligibility Determination Checklist (I4)
4. Autism Division Client Identification Form (I2, original and updates)
5. Referral for Services from CARE (I7, for eligibility and/or IHIP, if applicable)
6. Autism Division Eligibility Form (I6)

Section 2

1. Record of Contacts (I3)

Section 3

1. Medical records
2. Educational assessments
3. Psychological/psychiatric evaluations
4. Autism Division/CARE diagnostic reports

Section 4

1. DSN Single Plan
2. IEP
3. Other service plans (PT, OT, Rehab, VR, etc)/notes
4. Social History

Section 5

1. All correspondence sent and received including but not limited to phone messages, emails, and letters. These documents will be in chronological order.

Section 6

1. Consultation plan/notes
2. IHIP notes (if available)

Purging Files

If any one section or the entire file becomes unmanageable, purge unneeded information into a manila folder and keep the folder with the file. Document in the record of contacts that the file was purged.

Attachment 9
Referral Tracking System

MEMORANDUM

TO: Daniel Davis, Director Autism Division

CC: Regional Autism Administrators

FROM: James Mack

DATE: August 2003

RE: Autism Division referrals in progress through July 2003. Shaded blocks are referrals over 3 month in progress.

Midlands Region

NAME	COUNTY	DATE RECEIVED	STATUS / DISPOSITION
	Aiken	6-23-03	
	Aiken	4-07-03	CARE- not sch'd
	Aiken	4-07-03	CARE sch'd 8/6
	Aiken	5-19-03	CARE, sch'd 9/9
	Aiken	3-24-03	CARE- sch'd 7/16
	Aiken	6-30-03	
	Aiken	6-09-03	
	Aiken	6-23-03	
	Aiken	3-11-03	INC.-no response from fam
	Aiken	6-09-03	CARE-not sch'd
	Aiken	3-27-03	CARE-not sch'd
	Calhoun	4-10-03	CARE, not sch'd
	Chester	4-10-03	TRUE
	Kershaw	5-19-03	Cons to see
	Kershaw	6-12-03	TRUE
	Lexington	6-23-03	
	Lexington	3-27-03	CARE-sch'd 7/23
	Lexington	5-28-03	CARE-sch'd 9/16

AUTISM DIVISION ~ INTAKE Eligibility Determination

Autism Division Approved Assessment Tools

In an effort to render a professional opinion concerning the presence of autism in a referred consumer, the Autism Division uses an array of diagnostic tools and assessment techniques. Consultants and CARE Center staff have received initial and ongoing training on the use of all tools and techniques.

Autism Diagnostic Interview-Revised (ADI-R)

The ADI-R is structured interview designed to identify pervasive developmental disorders and autism. It is designed to capture the family's report of the person's development and behavior as a young child (between ages 4 and 5 years) when difficulties usually associated with autism are most prevalent, as well as current behavior for some items. The interview focuses on social interaction, communication, restricted and repetitive stereotyped interests and behaviors, and age of onset of difficulties. Key indicator questions from each of these areas (diagnostic algorithm) are used to determine if a person meets criteria for autistic disorder as described in DSM-IV and ICD-10. The questions are scored using a 0-2 scale, with 0 indicating no difficulty, 1 indicating some evidence of difficulty, and 2 indicating clear evidence of difficulty. The ADI-R is only one component of an evaluation and should be considered in the context of other findings. The ADI-R may be misleading for individuals with a developmental level below 18 months of age. To meet criteria, scores must meet or surpass cutoff scores in each of the four domains.

<u>Area</u>	<u>Cut off score</u>
Qualitative Impairments in Reciprocal Social Interaction	10
Communication	7
Repetitive Behaviors and Stereotyped Patterns	3
Abnormality of Development Evident at or before 36 Months	1

Autism Diagnostic Observation Schedule- Generic (ADOS-G)

The ADOS-G is a semi-structured assessment of communication, social interaction, and play or imaginative use of materials for individuals suspected of having autism or other pervasive developmental disorders (PDD). The ADOS-G consists of standard activities that allow the examiner to observe the occurrence or non-occurrence of behaviors that have been identified as important to the diagnosis of autism and other pervasive developmental disorders across developmental levels and chronological ages. There are four modules, each of which is appropriate for children and adults of differing developmental and language levels.

Behavioral Observation

Observation is a key component in determining if a person has autism. Typically, observation is done across two settings, such as home and school. A narrative of observed behaviors, the amount of time observing the individual, and a brief description of the surrounding and persons presents are included in the written description.

Childhood Autism Rating Scale (CARS)

The CARS is a 15-item rating scale developed to identify children with autism, and to distinguish them from developmentally disabled children without autistic disorder. It further distinguishes children with autism in the mild to moderate range from children in the moderate to severe range. Each item is given a rating from 1-4, which represents the level of abnormality of the child's behavior. Consideration is given to the child's age and developmental level, as well as the peculiarity, intensity, and frequency of observed or reported behavior. Scores of 1 indicate no evidence of abnormality, a 2 indicates mildly abnormal behavior, a 3 indicates moderately abnormal behavior, and a 4 indicates severely abnormal behavior. A (.5) can be used if a child's score falls between two ranges. A total score of 30-36.5 is generally suggestive of mild to moderate autism; a total score of 37-60 suggests severe autism. The CARS is a screening tool only, and cannot be used solely to diagnose autism. Other factors must be considered along with the CARS, to determine if autism is present. If using a CARS with an older adolescent or adult, a score as low as 28 may be indicative of mild to moderate autism.

DSM-IV Checklist

Autistic Disorder is diagnosed by a set of behavioral criteria in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). The DSM-IV checklist was developed from those criteria. To "meet," or be determined to have autism, an individual must receive a minimum score of 6 items from sections (1), (2), and (3), with at least two from (1), and one each from (2) and (3). Section (1) deals with impairments in social interaction, section (2) includes impairments in communication, and section (3) relates to repetitive and stereotyped patterns of behavior, interests, and activities. Behavioral observations and reported information are used to score the checklist.

Psycho-educational Profile Revised (PEP-R)

The PEP-R is composed of two scales, the Developmental Scale and the Pathology Scale. The Developmental Scale assesses functional level and is divided into 8 areas. The results indicate an approximate age level at which the child is functioning, however, it is not designed to provide an IQ score. The assessed skills are rated as Pass, Fail, or Emerge, based on specific criteria for each item. The PEP-R allows the examiner flexibility in presentation of test items in order to probe the development of emerging skills and learning styles. If the child does not meet the Pass criteria, the examiner is permitted to teach, coax or vary the presentation of the item to enable the child to do as much as possible. Items performed to criteria with these modifications are scored as Emerge. Emerging skills may reflect relative strengths or styles of learning. The goal of the Developmental Scale is to determine relative strengths and weaknesses for the child and to identify learning styles in order to provide guidance to educators for program development. The Pathology Scale assesses specific personality traits. It is conducted throughout the examination as the evaluator observes the child for possible pathologies, which often demonstrate disturbance in children with autism. The child is rated in five areas in which specific personality traits are rated as Absent, Mild or Severe in comparison to the characteristics of a normally developing child.

Scale of Pervasive Developmental Disorder in Mentally Retarded Persons (PDD-MRS)

The PDD-MRS is a checklist of current behavior based on parent interview and observation of the individual. The purpose of the scale is to help assess the presence or absence of a Pervasive Developmental Disability (PDD) when the individual has been diagnosed with Mental Retardation (MR). The individual's level of functioning for comparison purposes is defined by two crucial skill areas, daily-living and motor skills.