Certified Public Manager Project Paper

The Development of Eligibility Determination Procedures for the Autism Division

By Daniel Davis

Agency: South Carolina Department of Disabilities and Special Needs

Submitted April 5, 2004
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
determined 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.
Attachment
Autism Division Organization Chart

Autism Division
REGIONAL OFFICES

Daniel Davis, LMSW
Director
Autism Division

Administrator
Collie Feemster
Office in Spartanburg *(1)

Administrator
James Mack
Office in Columbia *(2)

Administrator
Cathi Browder
Office in Florence *(3)

Administrator
Jodi Cholewicki
Office in Charleston *(4)

Administrative Assistant
Nancy Shattuck

Administrative Assistant
Martha Telencio

Administrative Assistant
Dorothy Allen

Administrative Assistant
Tootsie Koster

Consultant
Elizabeth Anderson

Consultant
Paul Miller

Consultant
Aleta Woods

Consultant
May Barid

Consultant
Janet Spearman

Consultant
Rebecca Mussman

Consultant
Susan Clark

Consultant
Kelly DeJong

Clinic Director
Lucia Horowitz

Administrative Assistant
Ann Chaplin

Educational Specialist
Lottie Koster

* 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
### Attachment 2
**Forcefield Analysis**

#### FORCEFIELD ANALYSIS

**Project:** Eligibility Determination Procedures

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<td>Budget cuts</td>
<td>Consumer frustration</td>
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<tr>
<td>Current work load</td>
<td>No consistency</td>
</tr>
<tr>
<td>Resistant to change</td>
<td>No written procedures</td>
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AUTISM DIVISION ~ INTAKE

Eligibility Process

Contents

Flow Chart #1: Referral ................................................................. Page 2
Flow Chart #2: Intake & Reporting ................................................ Page 3
Flow Chart #3: Finalizing Referrals ............................................. Page 4
Flow Chart #1: Referrals

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.

I# Form, refer to Index of Forms

Referral arrives in local Reg. Autism Division Office

Are all forms present?
  * Refer. for Autism Division Eval. II
  * DDNS Service Agreement

Has info been returned in 2 weeks?

Has info been returned?
  * Refer. for Autism Division Eval. II
  * DDNS Service Agreement

Log In

Complete Relevant Part of Client ID 12

FAX Cover Sheet of Referral II to Aut. Division Eligibility Coord.

Eligibility Coordinator, refer to Flow Chart #2

Complete DSM-IV Form /5 (If from CARE Communicate results to Local Autism Division.)

Reasons for Assessment being Incomplete
* Family withdraws from referral process
* Family moves out of state
* Other
Can occur anytime in assessment process

Communicate results to family by phone or in person if records review or consultant eval & notify SC/EI if appropriate

Communication results to family

Update Client Id 12 and log

Finish writing Evaluation Report

Within 5 days of evaluation completion Local AD sends letter with results to family & cc: SC/EI & AD Elig. Coord.

File in Aut. Present? (true?)

Set up Autism Present?

Yes

CARE Track
Flow Chart #2: Intake and Reporting


Needed inf. arrives.

Call local Aut. Div. or Service Coord. for information.

Are all key points here? Yes


No

Admin. Sup. person in Aut. Div. Eligibility Coordinator reviews: Referral for Aut. Division Evaluation II.

Each Friday, Admin. Sup. person in Elig. Coord. Office compiles all referrals from all regions into a single Weekly Referral Report noting:
* Date received & Name
* County & Service Coord
* Current dx if known
* Level of Urgency
* DDSN eligible

Each Monday, Eligibility Coord. reviews the Weekly Referral Report compiled the previous Friday.

By the third workday of each month, Eligibility Coord. records referrals from weekly reports onto Monthly Elig. Report. (all weekly Referral Reports from the previous month)

By the third workday of each month, Eligibility Coord. deletes completed referrals from the month preceding the previous month.

By the third workday of each month, the Eligibility Coord. records newly completed referrals from the previous month.

By the third workday of each month, the Eligibility Coord. sends each Autism Division Admin. Sup. person a copy of their region’s monthly report for review.

By the third workday of each month, the Eligibility Coord. reviews Monthly Report and all referrals in progress that are 3+ months old are shaded.

Each Monday, AD Admin. Sup. person or AD Administrator reviews Monthly Report for errors/comments & returns to Eligibility Coord. within 3 workdays.

Are comments or revisions in conflict with received info? No

Eligibility Coord. revises Monthly Report for autism offices to include comments and resolved conflicts, (if any, for example the assessment date has been rescheduled)

Eligibility Coord. contacts Autism Division Admin. Sup. person and resolves conflict.

Yes

Eligibility Coord. revises Monthly Report and all referrals in progress that are 3+ months old are shaded.

Eligibility Coord. drafts a state wide report and copies are sent to:
* Autism Division Director
* CAT Director
* Autism Division Administrator

Eligibility Coord. contacts Autism Division Admin. Sup. person and resolves conflict.
Flow Chart #3: Finalizing Referrals

Local Autism Office completes Assessment, with one of the following results:
* True
* False
* At Risk

FAX Results of Referral (DSM-IV Checklist, 15) to AD Eligibility Coord.

Local Autism Office completes Assessment, with one of the following results:
* True
* False
* At Risk

Admin. Sup. person in Eligibility Coord. Office matches DSM-IV Checklist 15 to Referral for Aut. Division Evaluation 11 from Referral for Eval Binder, & completes Aut. Division Eligibility Form 16

Elig. Coord. reviews forms:
* DSM-IV Checklist 15
Recommends yes or no

Can Autism Div. Elig. Coord. make recommendation?

Eligibility Coord. or Support Person contacts Autism Div. local Office & discusses.

Reg. Autism Div. Office Files:
* DSM-IV Checklist 15
back in Referral for Eval. Binder.

Yes

No

Admin. Sup. person in Eligibility Coord. Office matches DSM-IV Checklist 15 to Referral for Aut. Division Evaluation 11 from Referral for Eval Binder, & completes Aut. Division Eligibility Form 16

Copy of Autism Division Eligibility Form, 16 denoting:
* True
* False
* At Risk
* Incomplete sent to the
* CAT
* Reg. AD Administrator

Eligibility Coordinator files
* Referral for Autism Div. Evaluation 11
* DSM-IV Checklist 15 in Regional Binder

Yes

No

Eligibility Coord. signs Aut. Div. Eligibility Form, 16

Elig. Coord. reviews forms:
* DSM-IV Checklist 15
Recommends yes or no

Reg. Autism Div. Office Files:
* DSM-IV Checklist 15
back in Referral for Eval. Binder.
Attachment 4
Gantt Chart

Project: Eligibility Determination Procedures

| Task                                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|-------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Project Setup                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Develop Procedures                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Referral Process                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| File Maintenance                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Assessment Tools                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Develop Forms                       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Conduct Training                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Implementation                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Pilot 1                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Pilot 2                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Quality Assurance                   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Referral Tracking System            |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Develop Instrument                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Visit 1                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Develop Survey                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Visit 2                             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Send Out Survey                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
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 12 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/EI's 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:

- Consumer Info. Summary
- POS/PCP/IFSP
- Medical evaluations
- Service Agreement form
- Social History (if available)
- Psychological assessment; behavioral program if relevant
- IEP/IPP/Hab Plan
- Genetics screening
- DDSN eligibility letter (if DDSN eligible)
- 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: ______________________

Intake ~ Eligibility Determination II
## Autism Division
### Client Identification Form

<table>
<thead>
<tr>
<th>New □</th>
<th>Change/Update □</th>
<th>Date: __________</th>
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**Referral date:** __________  
**Evaluation completion date:** __________  
**CARE □**  
**AD staff evaluation □**  
**Record Review □**  
**AD Staff completing form:** __________

### Client Information

<table>
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<tr>
<th>Region: (CEIW, MEIW, PD/W, PE/W)</th>
<th>County: __________</th>
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<th>Phone: __________</th>
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<th>Address: __________</th>
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### Eligibility

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<th>False □</th>
<th>Incomplete □</th>
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<th>Hearing Impairment □</th>
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<th>Sensory Processing D/O □</th>
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<th>Is this time limited: □ (y, n)</th>
<th>DDSN active: □ (y, n)</th>
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### Comments:

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Intake ~ Eligibility Determination 12
## RECORD OF CONTACTS

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### Type of Contact
- **T** - Telephone
- **HV** - Home Visit
- **OV** - Office Visit
- **O** - Other

### Contact Information
- **Name:** ____________________________
- **Social Security #:** ____________________________
- **Phone #:** ____________________________
# Autism Division
## Eligibility Determination Checklist

### INTAKE PROCEDURES

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- 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 PROFESSIONAL

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<th>Initials</th>
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- 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 CARE

<table>
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<tr>
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<th>Initials</th>
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- 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

Intake ~ Eligibility Determination 14
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)

□ 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:

[ ] Social History [ ] Psychological Assessment;
[ ] Plan of Service/FSP Behavior Program if relevant
[ ] Service Agreement Form [ ] CARS
[ ] Consultant Report [ ] Medical Evaluation
[ ] Genetics Screening [ ] Speech Evaluation
[ ] IEP/IPP/Hab Plan [ ] OT/PT Evaluation

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

Intake ~ Eligibility Determination 17
South Carolina Department of Disabilities and Special Needs

Autism Division

Quality Assurance & Quality Improvement

Policy and Procedures

Index

I. Introduction........................................................................................................... Page 2
II. Calculation of Review Sample........................................................................ Page 3
III. Determining Size of the Review Sample ......................................................... Page 4
IV. Selecting the Consumer File to Review ........................................................ Page 5
V. Individual Records Review .............................................................................. Page 6
VI. Summary Review ............................................................................................ Page 7
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

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

<table>
<thead>
<tr>
<th>Spartanburg Office</th>
<th>Columbia Office</th>
<th>Florence Office</th>
<th>Charleston</th>
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<tbody>
<tr>
<td>1. Number of new referrals during the 6 months of the QA/QI period being reviewed</td>
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<tr>
<td>2. 5% of number of new referrals during the 6 months of the QA/QI period being reviewed</td>
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<tr>
<td>3. Consultant Responsible</td>
<td>Miller</td>
<td>Anderson</td>
<td>Spearman</td>
</tr>
<tr>
<td>These are the consultants responsible for addressing referrals in specific counties</td>
<td>Cherokee Spartanburg Greenville Union</td>
<td>Abbeville Laurens Anderson McCormick Edgefield Oconee Greenwood Pickens Saluda</td>
<td>Aiken Lexington Fairfield York</td>
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<tr>
<td>4. Number of new referrals during the 6 months of the QA/QI period being reviewed</td>
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<td>5. 5% of number of new referrals during the 6 months of the QA/QI period being reviewed</td>
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</table>
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.

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<thead>
<tr>
<th>Spartanburg Office</th>
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<th>Charleston</th>
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<td>Total for 6 months</td>
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<tr>
<td>6.</td>
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<td>6.</td>
</tr>
</tbody>
</table>
V. Individual Records Review  
Statewide Coordination of Eligibility Process

<table>
<thead>
<tr>
<th>Date of QA/QI Check</th>
<th>Person(s) doing Check</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Autism Division Office</th>
<th>Consultant Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Referral and DOB

<table>
<thead>
<tr>
<th>Answer the following questions</th>
<th>Yes,</th>
<th>No,</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Copies of Referral for Eval. II in Refer. for Eval Binder?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the copy of FI 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 3rd month?

For referrals closed out, is there a record of:

8. Referral for Autism Division Evaluation II?
9. Completed DSM-IV Checklist IS?
10. Completed Eligibility Form 16?
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?

<table>
<thead>
<tr>
<th>Total Yes</th>
<th>Total No</th>
<th>Total NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

% ( # of Yes / 14 — #NA)
VI. Summary Review

Statewide Coordination of Eligibility Process

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.

<table>
<thead>
<tr>
<th>Autism Division Office</th>
<th>Spartanburg</th>
<th>Columbia</th>
<th>Florence</th>
<th>Charleston</th>
<th>Statewide Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Referral Files Reviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Answer the following questions  ► Yes, — No, NA

1. Copies of Refer. for Eval. II in Refer. for Eval Binder?

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 3rd month?

For referrals closed out, is there a record of:

8. Referral for Autism Division Evaluation II?

9. Completed DSM-IV Checklist III?

10. Completed Eligibility Form IV?

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?

<table>
<thead>
<tr>
<th>Total Yes</th>
<th>Total No</th>
<th>Total NA</th>
</tr>
</thead>
</table>

\[ \frac{\# of Yes}{14 \times \text{Overall \# of referrals reviewed} - \#NA} \]
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

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Autism Division Office</th>
<th>Spartanburg</th>
<th>Columbia</th>
<th>Florence</th>
<th>Charleston</th>
<th>Statewide Tot</th>
<th>Tot</th>
<th>Tot</th>
<th>Averages</th>
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</thead>
<tbody>
<tr>
<td>A. Review Sample:</td>
<td>Total Referrals</td>
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<td>5% of Total Referrals (number of files reviewed)</td>
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<tr>
<td>B Stateside Coord.</td>
<td>Process Score %</td>
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<tr>
<td>C Local Coordination:</td>
<td>Average # of days from</td>
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<td></td>
<td></td>
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<tr>
<td>Date of Referral to Eligibility Determined</td>
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</table>

Eligibility (Most recent visit)

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Autism Division Office</th>
<th>Spartanburg</th>
<th>Columbia</th>
<th>Florence</th>
<th>Charleston</th>
<th>Statewide Tot</th>
<th>Tot</th>
<th>Tot</th>
<th>Averages</th>
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</thead>
<tbody>
<tr>
<td>A. Review Sample:</td>
<td>Total Referrals</td>
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<tr>
<td>5% of Total Referrals (number of files reviewed)</td>
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<tr>
<td>B Stateside Coord.</td>
<td>Process Score %</td>
<td></td>
<td></td>
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<tr>
<td>C Local Coordination:</td>
<td>Average # of days from</td>
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<td>Date of Referral to Eligibility Determined</td>
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</tbody>
</table>

Eligibility (Visit before last)

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Autism Division Office</th>
<th>Spartanburg</th>
<th>Columbia</th>
<th>Florence</th>
<th>Charleston</th>
<th>Statewide Tot</th>
<th>Tot</th>
<th>Tot</th>
<th>Averages</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Review Sample:</td>
<td>Total Referrals</td>
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<tr>
<td>5% of Total Referrals (number of files reviewed)</td>
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<tr>
<td>B Stateside Coord.</td>
<td>Process Score %</td>
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<tr>
<td>C Local Coordination:</td>
<td>Average # of days from</td>
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<td>Date of Referral to Eligibility Determined</td>
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</table>
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 (11)
3. Autism Division Eligibility Determination Checklist (14)
4. Autism Division Client Identification Form (12, original and updates)
5. Referral for Services from CARE (17, for eligibility and/or IHIP, if applicable)
6. Autism Division Eligibility Form (16)

Section 2
1. Record of Contacts (13)

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.
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

<table>
<thead>
<tr>
<th>NAME</th>
<th>COUNTY</th>
<th>DATE RECEIVED</th>
<th>STATUS / DISPOSITION</th>
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<tbody>
<tr>
<td>Aiken</td>
<td></td>
<td>6-23-03</td>
<td>CARE- not sch’d</td>
</tr>
<tr>
<td>Aiken</td>
<td></td>
<td>4-07-03</td>
<td>CARE sch’d 8/6</td>
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<tr>
<td>Aiken</td>
<td></td>
<td>5-19-03</td>
<td>CARE, sch’d 9/9</td>
</tr>
<tr>
<td>Aiken</td>
<td></td>
<td>5-24-03</td>
<td>CARE- sch’d 7/16</td>
</tr>
<tr>
<td>Aiken</td>
<td></td>
<td>6-30-03</td>
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</tr>
<tr>
<td>Aiken</td>
<td></td>
<td>6-09-03</td>
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<td></td>
<td>6-23-03</td>
<td></td>
</tr>
<tr>
<td>Aiken</td>
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<td>3-11-03</td>
<td>INC.-no response from fam</td>
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<tr>
<td>Aiken</td>
<td></td>
<td>6-09-03</td>
<td>CARE-not sch’d</td>
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<tr>
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<td>3-27-03</td>
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<tr>
<td>Calhoun</td>
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<td>4-10-03</td>
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<tr>
<td>Chester</td>
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<tr>
<td>Kershaw</td>
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<tr>
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<td>6-12-03</td>
<td>TRUE</td>
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<tr>
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<td>3-27-03</td>
<td>CARE-sch’d 7/23</td>
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<tr>
<td>Lexington</td>
<td></td>
<td>5-28-03</td>
<td>CARE-sch’d 9/16</td>
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</table>
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 a 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.

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

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 for 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.