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**TO: Early Intervention Program Directors
Specialty Service Providers for Autism Spectrum Disorders
Primary Referral Sources, Pediatricians, and Physicians**

FROM: The Department of Public Health – Early Intervention Program

DATE: December 4, 2008

**RE: Policy Changes Regarding Confirmed Diagnosis of Autism Spectrum
Disorder - Effective January 1, 2009**

Policy change: The MDPH has revised the eligibility criteria for Specialty Services for children with Autism Spectrum Disorders (ASD). Specifically, a positive screen on an M-CHAT and confirmation that the child has been referred on for further evaluation is not sufficient to enroll a child in Specialty Services.

Effective January 1, 2009, a child must have a confirmed diagnosis of an autism spectrum disorder in order to be eligible for Specialty Service Programs for children with ASD. This means that the child needs to meet DSM-IV Diagnostic Criteria for an autism spectrum disorder, preferably with standardized tools that operationalize the DSM criteria. (Pediatrics, Vol. 120, No.5, Nov. 2007). In accordance with guidance from the American Academy of Pediatrics, it is recommended that a comprehensive ASD evaluation be administered by experienced clinicians familiar with the spectrum. Example of clinicians with this expertise may include: developmental pediatricians, physicians who have experience evaluating children at risk for ASD, psychiatrists, clinical psychologists, Licensed Mental Health Clinicians approved by the Department of Public Health for this purpose, or other professionals that are part of the team that is able to observe and test the child in specific areas. Clinicians must rely on their clinical judgment, aided by guides to diagnosis, such as DSM-IV and the Tenth Edition of the International Classification of Diseases (ICD-10), as well as by the results of various assessment instruments, rating scales, and checklists.

Children with a positive screen on the M-CHAT or other developmental screening measure should be referred to Early Intervention for evaluation to determine eligibility for ongoing services within the EI system. A positive screen on an M-CHAT does not

make a child eligible for Specialty Services as it is a tool that has limited predictive value. It identifies children who may have many different types of developmental concerns. Those children who demonstrate developmental patterns suggestive of ASD should be referred on for a differential diagnosis with an experienced clinician. If the ASD diagnosis is confirmed, children will then be eligible for referral to Specialty Services for children with ASD. These programs provide intensive services utilizing curricula designed to address the core challenges of ASD. They are not appropriate for children who are not on the spectrum.

Documentation: Written documentation of the diagnosis from the clinician that confirms that the child meets DSM-IV Diagnostic Criteria for autism spectrum disorder must be filed in the child's EI record and also maintained by the Specialty Service Provider.

Timing of Referrals to Specialty Service Providers: To reduce gaps between the identification of a child with ASD and the initiation of Specialty Services, families may be referred to SSPs by their Early Intervention Program after the diagnosis is confirmed by the clinician (in advance of the written confirmation). SSPs may begin to process such referrals by sharing information about their program with the family and offering an initial intake visit. Ongoing intensive services may begin once the written confirmation is received from the diagnostician and consent is obtained on the Individual Family Service Plan.

DPH staff is available for technical assistance around the implementation of this policy. An FAQ addressing common questions is available. Please contact Tracy Osbahr at 413-586-7525 or at tracy.osbahr@state.ma.us if you have specific questions.