

Autism Service Planning Discussion Points

June 21, 2016

Admission:

Marybeth- need for someone to assist the families through the process- emphasized on the staffing

Cheryl- early intervention assigns a case manager upon diagnosis, which would be helpful with these services. For criteria, it should be evidence-based and individualized. There is a need to restructure the process to allow for an independent professional to lead that evaluation process. An x-number of hours should be prescribed for whatever is needed. Then a meeting should be held after the eval is complete.

Importance of getting services in place immediately instead of having to wait weeks or months.

Eval should be objective and unbiased

Wide range of assessment tools should be considered

Families need a choice to either get an eval done independently or by the provider who will be providing services

Individual Plan:

BCBAs would have the best insight into how to develop a plan and what needs to be included. Families need to be involved as well as other professionals (OT, sp/l, PT

2 plans- one to get services authorized (automatically) and another to address needs long-term (more comprehensive)

If there is no BCBA around, it was recommended to contact with private agencies to provide those services

Make sure plan includes elements to address areas of daily living

Service Provision:

Opportunity for group sites or higher ratios to practice skills in more natural settings instead of contrived.

Transition age youth may be exploring vocational experiences that should be considered when we talk about where services should be delivered.

Services should be provided wherever they are needed, specific to needs.

Continued service:

Need flexibility to address needs as they change.

Discharge:

There is a need for maintenance plans so services are not ended abruptly and then the child falls apart.

