

**Washington State Autism Diagnostic Teams
Survey of Service Models**

Sponsored by the Washington State Combating Autism Advisory Council

Background

Name of Center/Clinic: Child Development Clinic, Center on Human Development and Disability, University of Washington

Location (city and county): Seattle, King County, Washington

Clinic Director: Ellen Davis, MD

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Liaison for your clinic for survey: Susan Ramage,

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In the Child Development Clinic children with a variety of developmental concerns are seen for a comprehensive interdisciplinary assessment to determine a diagnosis (if appropriate) and offer recommendations and guidance for child and family support and services.

Schedule & Capacity

What days and times does your clinic meet? Clinic meets on Mondays & Tuesdays from 8:30AM-5PM

How many diagnostic evaluation slots do you have per clinic day? We have 2-3 interdisciplinary evaluation slots per day and team/parent conferences in the afternoon.

What is the age range of clients you accept for diagnostic evaluations? Ages range from 2 years to 13 years, 11 months.

What is the typical age of clients you evaluate? Approximately 80% of clients seen in this clinic are less than 9 years of age.

What geographic region do you serve (where do your families come from)? We serve children and families from anywhere in the WWAMI region – Washington, Wyoming, Alaska, Montana, and Idaho. Most clients are from King, Pierce, Snohomish and Kitsap Counties.

Do you have a waiting list? Yes

If yes, how long is the wait for families to obtain an appointment? Variable – can be from 6-8 months

Can a family get on a waiting list if they are currently applying for Medicaid, or do they have to wait until they have received Medicaid?

They can get on our waitlist, but would need to have everything in place prior to appointment. Otherwise they will be billed. It is possible to push back appointment dates until Medicaid is sorted out.

Personnel

List the disciplines represented on your diagnostic team?

- Developmental pediatrics
- psychology
- speech/language pathology
- occupational therapy
- physical therapy
- audiology
- nutrition
- social work

We function as an interdisciplinary team, not a multidisciplinary team, most of the time.

How long has your diagnostic team been in place?

The clinic has existed since 1965 with an interdisciplinary team. Personnel and practices have evolved over time.

Are you able to offer bilingual administration of evaluation tools?

- **Do you use an interpreter?** Yes We have reliable interpreter support
- **Do you have bilingual professional conducting assessments?** No

Clinic Protocol

Intake

Briefly describe your intake process. Upon receiving a referral the RN conducts initial intake interview with a family member to determine if the client is appropriate for the clinic. If it seems appropriate, an intake packet is mailed to the family to complete. This packet includes a family questionnaire for care providers to complete and release of information forms. Relevant records (school, health care, and other developmental evaluations) are collected prior to scheduling an appointment. Priority is given to children who appear to need an interdisciplinary evaluation.

Do you conduct a screening prior to child's appointment in the clinic? No

Do you require a primary care provider referral to the clinic?

No, but it is helpful.

Who typically makes referrals to your center?

- Primary health care providers- except for rare exceptions, require that referral comes from PCP (not parent referrals)
- Public health nurse, CHN coordinator, FRC
- School personnel
- Family
- Other _____

How do you prefer to receive records from families and providers?

(Check as many as apply)

- Families bring the reports to the initial meeting.
- Families collect and send reports to clinic in advance
- School/ medical personnel fax reports to clinic in advance.
- Our Clinic helps to collect reports using parent signed consent for release of information.

Is there other information or tests that are helpful to have before the clinic appointment?

Chromosome or genetic testing are helpful if applicable.

Diagnostic Evaluation

What assessment tools do you use in your clinic?

<u>Tool</u>	<u>Discipline Administering</u>
▪ ADI	Psychology
▪ ADOS	Psychology
▪ Various cognitive & academic, Behavioral & and social assessments	Psychology
▪ Various language assessments, including the TOPL (Test of Pragmatic Language)	Speech/Language Pathology
▪ Audiologic testing	Audiology
▪ Motor assessment, Sensory Profile, Various	Occupational Therapy & Physical Therapy
▪ Dietary records	Nutrition
▪ History and physical examinations followed by neurologic & genetic testing as appropriate:	Developmental Pediatrics

How long does the multidisciplinary assessment process take? Generally about 2 half-day morning sessions for assessments by the full interdisciplinary team, followed by a 2 hour feedback session with the family in the afternoon.

Does your diagnosis process include a medical evaluation? Yes

How do you share evaluation results with the family? Faculty members rotate the responsibility of case manager for our evaluations. The team meets with the family and any community members in an afternoon session where all results are shared and a diagnosis is offered when applicable. Some families prefer to meet with just the case manager and a limited number of team members. Individual

recommendations for that client and family are also shared at that time. The family is given a short summary at the end of the conference. The case manager then prepares a more complete summary that is mailed along with copies of all the individual discipline reports.

How do you share evaluation results with the primary health care provider? The concept of medical home is encouraged. Families are advised to review our results with their primary care provider. The primary health care provider will also get a copy of the assessment results, unless the family declines permission. Families are encouraged to share copies of relevant portions of the evaluation with schools and anyone else working with the child.

How do you share evaluation results with the child's early intervention or program? Copies of results/reports are given to families and we encourage them to share with the EI program. If a family requests, we send the report to the EI program.

Follow-up

If a diagnosis of ASD is confirmed, what referrals and resources do you give to families? Some referrals will depend on age of client as well as current services. Most families receive:

- recommendations for appropriate educational programming for that child & family
- Autism Outreach Project as a resource for the child's school district as needed
- written information on the diagnosis of ASD
- referrals for additional information and resources (Autism Society of WA, FEAT, Autism Speaks, Parent to Parent, ARC of Washington, Washington PAVE, Special Olympics, and Sibling Support as needed)
- websites and books related to language development and social thinking
- resources to provide assistance with behavior or behavior modifications
- recommendations for additional therapy services if this is determined as a need (may include specific recommendations depending on the community that serves the child)

Note: The written information provided to families is not standardized. Mostly psychology will individualize information appropriate to that child and their level of functioning. Includes a variety of information - what is autism, may add something more specific if child is high functioning, usually includes things/strategies for working with that child in particular at home and school. CHDD psychologists Toth Patiejunas and Bain developed some two page resource handouts for autism and ADHD that the clinic is beginning to use.

(Would like to give out the Autism Speaks packet – First 100 Days, but don't have funding to support this)

If a diagnosis of ASD is not confirmed, but there are developmental delays of a different etiology, what referrals or resources do you offer the family?

- We offer recommendations for appropriate educational programming for the child and family as needed
- Referrals for parent support and information
- Additional therapy and behavioral management resources as needed

All children seen in Child Development Clinic receive the same level of service, regardless of diagnosis.

Do you follow-up again with families after the diagnostic process? Sometimes some families may return in 1-2 years for an updated evaluation or diagnostic clarification, but this does not apply to all patients. This would typically be a team follow up, but may not include all team members that were part of the assessment at the initial visit. Parents receive a satisfaction survey approximately 6 weeks after their parent conference and in the survey is the opportunity to request a follow up phone call as well.

<u>Type of follow-up</u>	<u>Who does this</u>	<u>How long after the clinic visit</u>
--Re-evaluation/ Assessment	Members of interdisciplinary team	usually 1-2 years
--Follow up phone Call if requested	Case Manager	1-2 months

Outcomes

Approximately what percentage of the clients referred to rule-in/rule-out autism receives an ASD diagnosis? For the year 2008, in the Child Development Clinic, there were 42 of 189 children diagnosed with Autism/PDD (c. 22%).

If ASD is ruled out, what other diagnoses are given? Other diagnoses include: mixed expressive and receptive language disorder, Unspecified Disorder of the Nervous System, Intellectual/Cognitive Disability, ADHD, Anxiety disorder. The underlying causes of these disorders are always investigated as is the case with ASDs.

Funding

How is your clinic funded?

The clinic is funded primarily by health insurance. Any insurance accepted by the University of Washington Medical Center, including Medicaid, is accepted. Approximately 45% of children seen in Child Development Clinic are covered by Medicaid. School district contracts are accepted. Some characteristics of our practice such as the detailed team meeting with families is partially supported through the Leadership Education in Neurodevelopmental Disabilities (LEND) training grant from the Maternal and Child Health Bureau. Trainees participate in all aspects of the clinical evaluation under the direct supervision of the faculty and staff.

Which disciplines on your team bill for the diagnostic visit?

All disciplines bill for the diagnostic visit.

How are the evaluations paid for:

- Private insurance
- Medicaid (if no, skip the next 2 Medicaid questions)
 - "Open Medicaid" (Fee-for-Service)
 - Healthy Options-if yes, with which plans are you affiliated?
 - Molina
 - Community Health Plan of WA
 - Group Health

Clark United Providers

Regence Blue Shield

NOTE: We take all of them, but all have their own requirements of referral and authorization.

Families pay some of fees out of pocket (whatever copays their insurance requires but no separate system for families coming to Autism clinic)

Families pay all of fees out of pocket

Other: school district contracts

If a family doesn't have insurance, do you offer a sliding fee? No

What general sources help financially subsidize your clinic?

Fund Raisers/Guild

Institutional support

Government contracts

Medicaid reimbursement

Private insurance

Private grants

Other: Training Grant

Challenges

At this time, what are the key challenges your multidisciplinary diagnostic team faces?

The key challenges faced by our clinic include reimbursement, especially Medicaid, and limited number of clinic days/staff available in order to meet community needs.