

## IEP Development & Implementation for Individuals with ASD (after the AIB Legislation)

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### Purpose of this Session

- Understand Major Components of AIB (Autism Insurance Benefits)
- Examine impact on IEP Development and Implementation for Students with ASD
- Autism State Plan Components: Why and What?



## MISTAKES

IT COULD BE THAT THE PURPOSE OF YOUR LIFE IS  
ONLY TO SERVE AS A WARNING TO OTHERS.

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## Part One

### Understand the Major Components of AIB

#### SE, New Players, Comparative Components

	Special Education	AIB	
		Private Insurance	Medicaid / MICHild
Criteria	ASD / MARSE	ASD =DSM disorders of autistic disorder, Asperger's or PDD-NOS	ASD =DSM disorders of autistic disorder, Asperger's or PDD-NOS
Plan for Evaluation	REED	-----	-----
Who Evaluates	MET	Licensed psych or physician	CMHP
Using What Tools	Prescriptive for Child / Purpose	"autism diagnostic observation schedule" (e.g. ADOS-2)	Must include ADOS-2 Developmental Family History (e.g. ADI-R)
Determination of Impairment / Diagnosis	IFSP / IEP Team Determines Impairment	Diagnosis of Condition	Diagnosis of Condition
Eligibility for Services	IFSP / IEP Team	Treatment prescribed or ordered by evaluator	CMHP + Medicaid Agency final approval
Service Plan	IFSP / IEP	Treatment Plan developed by board certified or licensed provider	IPOS developed through PCP process
Types of Services	IFSP=Early Intervention services; IEP=SE, RS, and SAS	Behavioral Health, Pharmacy, Psychiatric, Psychological, Therapeutic	ABA (EIBI and ABI)

#### Impact on IEP Development and Implementation

- **Collaboration Opportunities**
  - Referrals
  - Sharing of Information Regarding:
    - Evaluation Data
    - Services to avoid duplicated/conflicting services/plans
- **Implementation Challenges**
  - The IEP should always offer FAPE / LRE
  - AIB services may supplement FAPE, but not supplant
  - Decision-Making Guiding Principles: All IEPT decisions should be informed by the law (IDEA/MMSEA requirements), research, data



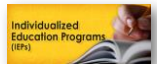
## What is FAPE? IDEA 2004

IDEA defines FAPE as special education and related services that

- a. are provided at public expense, under public supervision and direction, and without charge;
- b. meet the standards of the MDE;
- c. include an appropriate preschool, elementary school, or secondary school education in the state involved;
- d. are provided in conformity with an IEP designed to meet that child's unique needs resulting from his/her disability, including access to and progress in the general curriculum and other educational needs. 20 U.S.C. §1401(9) and §1414(d).

## What Does the "Appropriate" in FAPE Mean? Rowley v. Hendrick Hudson Dist. (USSC 1982)

- IEP is developed in compliance with procedural safeguards
- The IEP is reasonably calculated to deliver educational benefits
  - Must be more than negligible, but does not require maximizing potential (Chevy v Cadillac)
- IDEA 2004 Congressional findings endorse
  - high expectations as basis for increasing the effectiveness of education to meet challenging expectations for all children and to prepare to lead productive and independent adult lives.



## Defining LRE: 34 CFR 300.114

"To the maximum extent appropriate, children with disabilities.... are educated in the general education classroom with children who are not disabled..."

....and that special classes, separate schooling, or other removal of children with disabilities from regular education environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

## Referral / Evaluation Considerations

- **Context of Referral:**
  - Request for Initial Evaluation, or
  - Already eligible, but not ASD (e.g. ECDD/SLI)
- **Potential Challenges**
  - Pressure to accept outside diagnosis and proceed to an IEP with ASD eligibility
- **IDEA/MMSEA Considerations to Remember:**
  - Always consider information provided by parent (REED)
  - ABI diagnosis
    - Not done by a team
    - Possibly using different tools
    - Using different criteria
  - Special Ed evaluation done for dual purposes of eligibility and IEP development



## IEP Development Challenge: Expect More Participation in the PLAAFP / GOs

- **Context of the PLAAFP & Goals / Objectives:**
  - Describes the impact of the disability on involvement in and progress in general education curriculum compared to peers
  - Identifies areas of need related to involvement in and progress in general education curriculum/other educational needs
  - Needs addressed in academic/functional goals and/or supplementary aids and services
- **Potential Challenges:**
  - Behavioral Health Treatment Plan focusing on discrete skills as opposed to the general curriculum
  - IPOS (Individual Plan of Service) includes ABA Services (EIBI or ABI) driven by progress on ABLLS-R / VB-MAPP
- **IDEA / MMSEA Considerations to Remember:**
  - Purpose of the IEP Components
  - Access / Progress in General Education curriculum



## PLAAFP Statement

**AREAS of the disability (ASD) that impact access to and progress in general education compared to peers**

- Ability to Participate in Instruction
- Socialization Skills / Competence
- Communication
- Independent Skills
- Transition Issues
- Ability to Manage Stress / Anxiety
- Behaviors



Janzen, J., 2003

## Annual Goals

Measurable annual goals must be designed to...

Meet child's needs that result from child's disability...

*...to enable the child to be involved in and make progress in the general education curriculum*



## IEP Development Challenge: Expect More Requests Re Programs / Services

- **Context of Programs:**
  - Once needs are identified in the PLAAFP and Goals / Objectives, IEP team's obligation is to identify special education, related services, and supplementary aids and services necessary to provide FAPE in the LRE.
- **Potential Challenges:**
  - Push-In AIB Requests
  - Pull-Out AIB Requests



## Request Push-in AIB Services

Parent / Therapists' Reasons	Special/General Education Issues Raised	IDEA / MMSEA/Gen Ed Considerations
<ul style="list-style-type: none"> <li>• Parent's inability to get the child to the outside therapist's location;</li> </ul>	<ul style="list-style-type: none"> <li>• 1:1 Therapy (EIBI) = defacto request for a reduced school day (geography issue: classroom is therapist's office)</li> </ul>	<ul style="list-style-type: none"> <li>• District's obligation is to provide FAPE in the LRE (can't bargain away FAPE or LRE);</li> <li>• Reduced school day would rarely constitute FAPE;</li> </ul>
<ul style="list-style-type: none"> <li>• Desire on the part of the therapist to generalize skills learned in 1:1 treatment / intervention;</li> </ul>	<ul style="list-style-type: none"> <li>• ABI—supporting generalization of skills / capacity-building:                             <ul style="list-style-type: none"> <li>• Potential labor law issues (e.g. supervision, subcontracting of union work)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Services included IN the IEP should be limited to those needed for FAPE.</li> <li>• Liability issues / Who monitors implementation of the portions of the IEP provided by individuals the district does not supervise?</li> </ul>
<ul style="list-style-type: none"> <li>• Push in therapist could build capacity of school staff and save \$ on 1:1 parapro</li> </ul>	<ul style="list-style-type: none"> <li>• Potential FAPE issue (consider if should be in the IEP as SAS and if so, must be provided at no cost to the parent)</li> </ul>	<ul style="list-style-type: none"> <li>• Including AIB treatment/intervention during school day risks insurance co. challenge that district should be payor. What happens when child no longer eligible for AIB service OR state funding of AIB reimbursement ends?</li> </ul>

## Request Pull-Out AIB Services

Parent / Therapists' Reasons / Request	Special / General Education Issues Raised	IDEA / MMSEA / Gen Ed Considerations
<ul style="list-style-type: none"> <li>• Therapist does not offer after school or evening hours;</li> <li>• Request IEP team to develop a reduced day IEP or write the AIB therapy in the IEP so the child will not be marked absent</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a reduced day IEP;</li> <li>• Refusal to develop a reduced day IEP or write the therapy in the IEP may result in potential truancy issues</li> <li>• Temptation is to write the service in the IEP to avoid truancy issues</li> </ul>	<ul style="list-style-type: none"> <li>• Same as for Push-In AIB Services</li> <li>• IEP Team must offer FAPE: Is the therapy (e.g. ABA) needed for FAPE? Or methodology that is generally left to the discretion of the district if the student is progressing?</li> <li>• Legal Alternatives that parents may want to explore:                             <ul style="list-style-type: none"> <li>• Home-school</li> <li>• Register as home-school; parents provide core instruction and Ss receive auxiliary services (ISP), but not FAPE;</li> <li>• Register as home school &amp; explore shared-time for non-core classes</li> <li>• Online classes</li> </ul> </li> </ul>

## IEP Development Challenge: Expect More Requests Re Programs / Services

- **AIB services are to supplement not supplant FAPE**
- **MSA:** "These supports may serve to reinforce skills or lessons taught in school, therapy or other settings, but are not intended to supplants services provided in the school or other settings or to be provided when the child would typically be in school but for the parent's choice to home-school the child."

--MSA Bulletin 13-09

### IEP Development Challenge: Expect More Requests for ABA to be written in the IEP

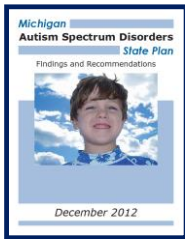
- **Context of the Request:**
  - Indirectly – Push-in / Pull-out
  - Explicitly:
    - In addition to AIB services or
    - Ineligibility when initially considered for AIB
    - Initially AIB eligible and become ineligible
- **Potential Challenges:**
  - Methodology Request (vs. treatment / intervention)
- **IDEA / MMSEA Considerations to Remember:**
  - Generally, methodology is at the discretion of the special education service provider
  - All requests **MUST** be “considered”
  - Considered = Determine if the methodology is needed for the child to receive FAPE



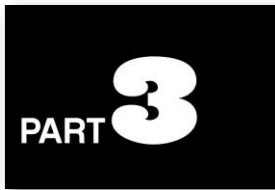
### OTHER Challenges:

Expect More Requests for AIB Therapists to Do School Observation

- **Context of the Request:**
  - Part of evaluation to develop a treatment plan / IP/OS
  - To identify potential generalization opportunities
  - To monitor progress
- **Potential Challenges:**
  - Moves from observer to participant observer (e.g. intrusion into the instructional process for the individual child or the whole classroom)
  - Liability Issues
- **Administrative Considerations to Remember:**
  - Requests should be processed per the school visitation policy
  - Observers need to be cognizant of privacy rights of other children and remember that this is an observation of the child, not the teacher!
  - Observers are non-participants

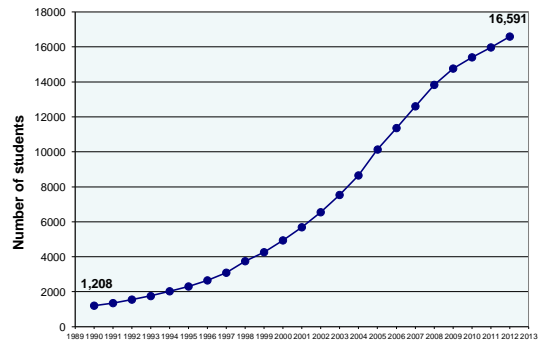


<http://michigan.gov/autism>

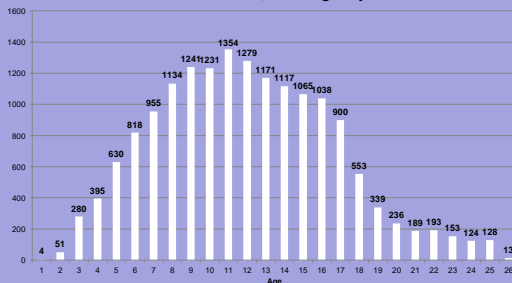


## Autism State Plan: Why and What?

Number of Michigan Students with ASD  
\*Based on 2012 MDE, OSE Eligibility Count



Number of Michigan Students with ASD by Age  
\* Based on 2012 MDE, OSE Eligibility Count



### National Outcome Data: Housing

- **2008 Easter Seals Study:**
  - More than 80% of adults with ASD ages 19-30 live at home with their parents; many of these parents aging.
- **Adults 19-30 with Autism**
  - With parents or guardian 81%
  - Independently, with spouse or partner 3%
  - With other family member/spouse/partner 0%
  - Supported residence for individuals with special needs 14%
  - Other 2%
- **Adults 19-30 with Asperger**
  - With parents or guardian 71%
  - Independently, with spouse or partner 9%
  - With other family member/spouse/partner 5%
  - Supported residence for individuals with special needs 7%
  - Other 7%



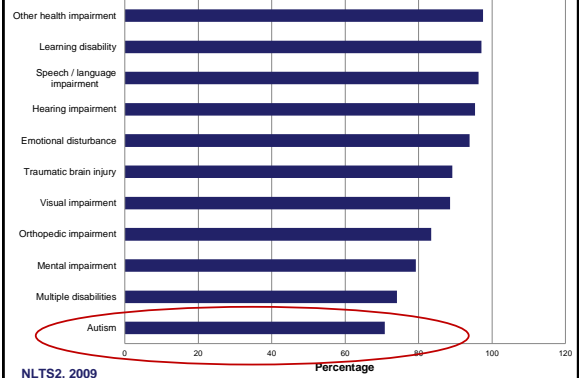
Easter Seals, 2008

## National OUTCOME DATA: Employment



- A University of Wisconsin-Madison 2002 study of 405 adolescents and adults with ASD found that only 10% were in competitive employment.
- Barnard, et.al. 2001
  - As few as 6% of individuals with ASD have fulltime employment
  - 12% of individuals with Asperger Syndrome are employed despite having average or high than average IQs
- 2008 Easter Seals Study (*Living with Autism*): About 6 in 10 children with ASD aged 16 or older have not looked for work, yet 75% of typical children are already working.
- Even compared to individuals with other disabilities, the employment outcomes for individuals with ASD is significantly lower.

## Engagement in education, employment, or training after leaving school



## Why an ASD State Plan?

- A State Autism Plan is a necessary prerequisite to seek grant money under the Combating Autism Reauthorization Act, in which Congress extended funding from 2011 to 2014.
- Autism Led not Autism Specific



## Components of the ASD State Plan

- Autism Council
- ASD Resource Center
- Service Coordination / Statewide Infrastructure
- Regional Collaboratives
- Early Screening, Evaluation, and Intervention for Young Children with ASD
- Best Practice and Service Navigation Guidelines
- Crisis Intervention
- Training and Professional Development
- University Collaboration and Coordination
- Data System
- State Plan Review, Report and Update



## QUESTIONS?



THANK YOU!