Connecticut Autism Spectrum Disorder Pilot Project

Update to the Legislature July 2, 2006

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Implementation Timeline

May 2006

- MOU is developed with UCONN Health Center's Center on Aging for evaluation of pilot

June 2006

- DMR web page contains an update on the Autism Pilot Project with a brochure in PDF format

July 2006

- Applicant packets will be mailed to individuals interested in applying for services
- Service Coordinator will be hired with an anticipated start date of July 21, 2006
- Contract with clinical psychologist to develop intake criteria with 2 DMR clinical psychologists
- Contract with groups and individuals who will develop "Person Centered Plans" for individuals in the pilot
- Psychologists will determine eligibility for applicants
- UCONN researchers to select participants and control group through random selection

August 2006

- Individuals will be notified of status in pilot program
- Service Coordinator will make contact with individuals and families if appropriate
- Person Centered Planning will begin for some individuals
- Prospective service providers notified of service options for the pilot

September 2006

- Person Centered Planning will continue
- Individual Service Plans and budgets will be written for some individuals

October 2006

- Individual Service Plans and budgets will continue to be written
- Services will begin for some individuals
- Level 1 Training

November 2006

- Services put in place for individuals
- Level 2 Training

December 2006

- Clinical Consultation Team to begin clinical reviews

Introduction

The information contained in this report has been developed through the Steering Committee and State Agency Workgroup and the intent is that the following will remain flexible as we approach implementation of the program and participants are selected.

About Autism
Autism spectrum disorders (ASDs) are a group of developmental disabilities that are caused by unusual brain development. People with ASDs tend to have problems with social and communication skills. Many people with ASDs also have unusual ways of learning, paying attention, or reacting to different sensations. ASDs begin during childhood and last throughout a person's life.

What are the Symptoms?
As the name "autism spectrum disorder" says, ASDs cover a wide range of behaviors and abilities. People who have ASDs, like all people, differ greatly in the way they act and what they can do. No two people with ASDs will have the same symptoms. A symptom might be mild in one person and severe in another person. Some examples of the types of problems and behaviors a child or adult with an ASD might have are:

- **Social skills:** People with ASDs might not interact with others the way most people do, or they might not be interested in other people at all. People with ASDs might not make eye contact and might just want to be alone. They might have trouble understanding other people's feelings or talking about their own feelings. Children with ASDs might not like to be held or cuddled, or might cuddle only when they want to. Some people with ASDs might not seem to notice when other people try to talk to them. Others might be very interested in people, but not know how to talk, play or relate to them.
- **Speech, language and communication:** About 40% of children with ASDs do not talk at all. Others have echolalia, which is when they repeat back something that was said to them. The repeated words might be said right away or at a later time. For example, if you ask someone with an ASD, "Do you want some juice?" he or she may repeat "Do you want some juice?" instead of answering your question. Or a person might repeat a television ad heard sometime in the past. People with ASDs might not understand gestures such as waving goodbye. They might say "I" when they mean "you", or vice versa. Their voices might sound flat and it might seem like they cannot control how loudly or softly they talk. People with ASDs might stand too close to the people they are talking to, or might stick with one topic of conversation for too long. Some people with ASDs can speak well and have a large vocabulary, but have a hard time listening to what other people say. They might talk a lot about something they really like, rather than have a back-and-forth conversation with someone.

- **Repeated behaviors and routines:** People with ASDs might repeat actions over and over again. They might want to have routines where things stay the same so they know what to expect. They might have trouble if family routines change. For example, if a child is used to washing his or her face before dressing for bed, he or she might become very upset if asked to change the order and dress first before washing.

What is the prevalence of Autism Spectrum Disorders (ASD)?
Data from several studies that used the current criteria for diagnosing autism and autism spectrum disorders (ASD), such as Asperger Syndrome and pervasive developmental disabilities (PDD-NOS), found prevalence rates for ASDs between 2 and 6 per 1,000 individuals. Therefore, it can be summarized that between 1 in 500 (2/1,000) to 1 in 166 children (6/1,000) have an ASD. [1]

Two population-based studies conducted by the Centers for Disease Control and Prevention (CDC) in selected U.S. locations reported ASD prevalence of 3.4 and 6.7 per 1,000 children, respectively. CDC also conducts two nationally representative surveys, the National Health Interview Survey (NHIS) and the National Survey of Children's Health (NSCH), in which parents are asked whether their child ever received a diagnosis of autism. Because of similarities in methodology used by the two surveys, CDC analyzed 2003–2004 data from NHIS and data from the first-ever NSCH (collected during January 2003–July 2004) to 1) estimate the population-based prevalence of parental report of diagnosed autism in the United States and 2) assess parental reporting of child social, emotional, and behavioral strengths and difficulties and special-health care needs among children with and without reported autism. This report describes the results of that analysis, which indicated that the prevalence of parent reported diagnosis of autism was 5.7 per 1,000 children in NHIS and 5.5 per 1,000 children in NSCH. Prevalence estimates in the two studies were similar across age, sex, and racial/ethnic populations. The consistency in estimates between the two surveys suggests high reliability for parental report of autism. These estimates suggest that, as of 2003–2004, autism had been diagnosed in at least 300,000 U.S. children aged 4–17 years. In addition, parental reports of autism were associated with reported social, emotional, and behavioral symptoms and specialized needs. Thus, these surveys might be useful to assess health, education, and social service needs of children with autism. [2]

1. Date: October 29, 2004
Content source: National Center on Birth Defects and Developmental Disabilities

2. Morbidity and Mortality Weekly Report
Weekly May 5, 2006 / Vol. 55 / No. 17

Connecticut Prevalence Estimates

Total number of adults in CT 2000 census 2,479,883.

Three prevalence rates	**National Health Interview Survey (NHIS) 1:175**	**National Survey of Children's Health (NSCH) 1:182**	**CT school age 2004 1:227**
# Adults with ASD in CT	14171	13609	10925
# Adults with ASC without MR in CT (CDC estimates 50%)	7086	6805	5463
40% demand rate	2834	2729	2185
20% demand rate	1417	1361	1093
5% demand rate	354	340	273

Overview

Overview of Connecticut Autism Spectrum Disorder Pilot

The Department of Mental Retardation (DMR) is required under Section 37 of Public Act 06-188 to establish a small pilot program for individuals who have Autism Spectrum Disorder and do not also have mental retardation and are not receiving services from DMR.

Text of Public Act 06-188

Sec. 37. (NEW) (Effective July 1, 2006) (a) The Commissioner of Mental Retardation, in consultation with the Commissioners of Social Services and Mental Health and Addiction Services and any other commissioner the Commissioner of Mental Retardation deems appropriate, shall establish a pilot autism spectrum disorders program, to provide a coordinated system of supports and services, including case management, for persons with autism spectrum disorders who do not have mental retardation, as defined in section 1-1g of the general statutes, and their families. The pilot program shall serve up to fifty adults with autism spectrum disorders who are not eligible for services from the Department of Mental Retardation under chapter 319b of the general statutes.

(b) The Commissioner of Mental Retardation shall establish eligibility requirements for participation in the program.

(c) The Commissioner of Mental Retardation, or the commissioner's designee, shall identify appropriate individualized services and supports for each person in the program and the family of each person in the program and shall coordinate the provision of such services and supports to such person and family.

(d) The pilot program shall commence on or before October 1, 2006, and shall terminate not later than October 1, 2008.

(e) The Commissioner of Mental Retardation shall report, in accordance with section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health not later than January 1, 2009, concerning the results of such pilot program. The report shall include, recommendations concerning a system for addressing the needs of persons with autism spectrum disorder, including, but not limited to,

recommendations (1) establishing an independent council to advise the Department of Mental Retardation with respect to system design, implementation and quality enhancement, (2) establishing procedural safeguards, (3) designing and implementing a quality enhancement and improvement process, and (4) designing and implementing an interagency data and information management system.

Participation

In February and March of 2006 two working groups were formed to begin planning the pilot project. A state agency workgroup comprised of representatives of twelve state agencies and a steering committee comprised of representatives of various stakeholder groups began the planning process. These two groups combined in May of 2006 and will continue to meet until October 2007 when a more formal independent advisory council will be established. Several subcommittees have been formed during the process to devote more time and effort to particular topics. The state agency workgroup, steering committee and subcommittees have made decisions on the vision and goals of the program, eligibility criteria and pilot location, services, training and revision of the Level of Need tool.

Steering Committee

Members:

Alan Harchik PH. D
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Chera Gerstein
Dan Klipper
Gil Killersman
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Jan & Jim Galloway
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State Agency Workgroup

Members:

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Vision Statement, Program Characteristics And Pilot Program Goals

The vision statement, program characteristics and pilot program goals were developed through the work of the steering committee.

Vision Statement

A statewide program that enables eligible adults with autism spectrum disorder (ASD) who do not have mental retardation to lead lives that are functional and independent.

Program Characteristics

- Upon establishment of eligibility and entry into the program, the needs of the person with ASD will be determined. The determination process will be made through a team approach with input from the individual, service coordinator, family members as appropriate and other relevant persons. An Individual Service Plan ("ISP"), which will describe the needs, desired outcomes and the services to be provided, will be developed cooperatively by the members of the team;

- Services and supports will be accessed and managed through a single point of entry. The service coordinator will work cooperatively and in partnership with both the individual with ASD and appropriate family and other team members. In implementing ISPs, service coordinators will have access to a broad menu of potential services. Funding will be based on the individual's needs as identified in the ISP and used by the service coordinator to obtain the appropriate services and supports from a variety of sources;

- The service coordinator will provide access to and coordinate services from agencies throughout the state without unreasonable waiting periods and will be able, in consultation with the individual and their team, to make modifications to the ISP as needed;

- Services provided to the individual with ASD and available to the service coordinator as part of the ISP will address living and leisure and employment supports. Services will be based on best practices and empirical evidence of effectiveness, meet established safety and quality standards and be monitored and delivered in a cost-effective manner. The ISP will be community-based and will enable the person with ASD to access services within his/her community of choice; and

- Services will be provided by a culturally diverse workforce that is competent, well trained and respectful. Appropriate training and

recruitment programs will be in place to ensure the quality of programs and personnel.

Pilot Program Goals

Consistent with the vision above, and assuming a two-year pilot program, the pilot program will:

- Generate a template for developing Individual Service Plans (ISPs) based on the specific needs of the individual with ASD, as well as determine both the appropriate composition of teams and the process that will be utilized in the development of ISPs;

- Demonstrate the viability and cost-effectiveness of utilizing the ISP approach to provide services to individuals with differing levels of disability and need for resources;

- Identify quantifiable and measurable program outcomes to determine the quality of the services provided;

- Demonstrate the viability of the service coordinator system wherein the service coordinator locates and coordinates appropriate service providers from a diversified service provider population to meet the needs identified in the ISP;

- Develop a proposed set of required qualifications for service coordinators, as well as a training and recruiting program for service coordinators;

- Develop menus of appropriate services to be made available to service coordinators and assess current availability of same within the State of Connecticut;

- Develop cost estimates based on data generated by the pilot program for both initial costs (first 3 months) and costs 15 months later. In addition, develop cost ranges for individuals grouped by their level of need assessment (low, medium or high needs);

- Develop templates for training and recruiting service providers and generate a proposed plan for larger-scale implementation of training and recruiting programs as needed;

- Develop recommendations concerning the establishment of an independent council to advise the Department of Mental Retardation with respect to system design, implementation and quality enhancement;

- Based on the experience of the pilot program, suggest possible measures to streamline and coordinate/consolidate existing programs managed by different state agencies and/or other service providers and develop plans

to increase efficiency and cost-effectiveness of services provided. In addition, provide information to enable the model developed by the Pilot Program to be used as a template for other agencies to implement services for this population;

- Recommend procedural safeguards for the program that will ensure the rights of the individuals involved.

Eligibility

In order to be eligible for the Connecticut ASD Pilot Project, a person must:

1. Be a legal resident of the State of Connecticut.
2. Have a diagnosis of one of the Autism Spectrum Disorders: Autistic Disorder ♦ Asperger Syndrome♦ Pervasive Developmental Disorder Not Otherwise Specified (PDD NOS)♦ Rett Syndrome ♦ Childhood Disintegrative Disorder.
3. Have manifested chronic characteristics of the disorder prior to age 22 which are presenting challenges in adulthood.
4. Have substantial functional limitations in 3 or more of the following areas of major life activity: Self-care♦ Receptive and expressive language♦ Learning♦ Mobility♦ Self-direction♦ Capacity for independent living♦ Economic self-sufficiency.
5. Have an IQ of 70 or over.
6. Be at least 18 years of age and have exited from school services.
7. Not be a client of the Department of Mental Retardation or receiving substantial services other than from Bureau of Rehabilitation Services or the Department of Mental Health and Addiction Services.
8. Be willing to participate in program evaluation data collection.
9. Live in one of the cities or towns of the CT ASD Pilot Program. These are: Milford♦ Orange♦ West Haven♦ New Haven♦ East Haven♦ Branford♦ North Branford♦ Guilford♦ Madison♦North Haven♦ Hamden♦ Cheshire♦ Woodbridge♦ Bethany ♦Wallingford.

Eligibility for the pilot program will be established through a review of individual diagnostic evaluation and other sources of information. Two licensed clinical psychologists will review all submitted application information to determine eligibility. Individuals will be asked to provide the following information:

1. Copy of birth certificate.
2. Copy of social security card.
3. Proof of Connecticut residence (driver's license, non driver photo id, tax form etc).
4. Psychological testing (this testing can usually be obtained from schools, other agencies or private psychologists.) Psychological testing must indicate both cognitive (IQ) and adaptive testing results and specify a diagnosis. If psychological testing is not available, it is the responsibility of the applicant to provide this testing.
5. Copy of medical history (this can usually be obtained from the primary care physician upon request.) If there are any psychiatric evaluations, these should be also included.
6. Copies of educational information.
7. Guardianship or conservator forms from the probate court if applicable.

Individual Planning

Person centered planning organizes and uses natural supports like family, friends and acquaintances and formal community supports and services to achieve things that are important to the individual. Vendor agreements will be established with several agencies and individuals that provide person centered planning. All individuals in the pilot program will be invited to utilize this planning process prior to the development of the Individual Service Plan. The service coordinator will act in the role of identifying existing support circles for the individual, coordinating background information to the person centered plan facilitator and arranging the meeting.

The service coordinator will utilize all information developed during the person centered planning for inclusion into the Individual Service Plan. Services will be selected from a menu that will best meet the needs of each individual. These services and supports will be outlined in the Individual Service Plan. Individual budgets will be established to provide these services that need to be purchased. Individuals may choose to hire a vendor provider agency or directly hire someone. A fiscal intermediately will be used for payment of services. The service coordinator will work with the individual to ensure that the services are being provided and are meeting the needs and wishes of the individual. The service coordinator will be flexible in adjusting the Individual Service Plan to meet the changing needs of the individual.

Services

- The services defined are for participants of the CT Autism Spectrum Disorder Pilot Program only;
- How much of each service a person will receive, how often it will be provided, and how long it will be provided must be specified in the person's Individual Service Plan and approved by the CT ASD program coordinator before payment is available;
- An individual may only receive one service at a time with the exception of consultation services which will be specifically outlined in the Individual Service Plan;
- The definitions of services do not specify any named technique or therapy. These definitions have been written to meet general best practice principles and not to approve or deny any type of technique. The decisions regarding technique will be based on the needs and preferences of the individual, keeping in mind evidence based practices;
- All services and supports are to be provided with a staffing ratio of one direct service employee to the person unless otherwise specified in the services descriptions (i.e. social skills groups);

CT Autism Spectrum Disorder Pilot Program
DRAFT Service Guidelines

Type of Support	Description	Unit	Core Service or Prior Approval
Life and Social Skills Coach Social & human services assistant salary of $17.47 from **Connecticut Occupational Employment and Wages Statewide 2005** a publication from the Connecticut Department of Labor's Office of Research. DMR rate setting tool applied to develop vendor rate.	Assist with the acquisition, improvement and/or retention of skills and provide necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in the individual service plan. This service is intended for specific instruction and training in a personal outcome. Provision of the service may be is limited to the person's own or family home and/or in their community. This service is expected to coordinate strategies with all other service providers and to adjust strategies as needed. This service may be self-directed or provided through a qualified agency. Examples include: • Instruction and training in one or more need areas • Implementation of strategies to address needs identified in the Individual Service Plan. • Data collection on target strategies • Implementation of therapeutic recommendations including speech, communication, social skills, leisure/recreation skills, O.T., P.T. • Identification and adjustment of strategies as needed • Ongoing communication with service coordinator and all other service providers pertaining to implementation of strategies. • Mobility training • Adaptive communication training • Provide training or practice in basic consumer skills such as banking, budgeting, and shopping. • Provide instruction and training in one or more need areas to enhance the person's ability to live independently in their own home, and enhance the individual's ability to access in the community • Assist the individual to complete daily living activities, or to access the community. • Periodic telephone of e-mail communication with individual receiving services as specified in plan	Hourly	**Core Service** For up to 5 hours of weekly direct support, ½ hour may be telephone or e-mail. For up to 7.5 hours of weekly direct support, ¾ hour may be telephone or e-mail. For up to 10 hours of weekly direct support 1 hour may be telephone or e-mail. For up to 15 hours of weekly direct support 1 ½ hours may be telephone or e-mail support.

Type of Support	Description	Unit	Core Service or Prior Approval
Community Mentor Recreation worker salary of $12.85 from **Connecticut Occupational Employment and Wages Statewide 2005** a publication from the Connecticut Department of Labor's Office of Research. DMR rate setting tool applied to develop vendor rate.	Assistance necessary to meet the individual's day-today activity and daily living needs and to reasonable assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. Examples include: • Providing social interactions • Assistance to or supervising the individual with such tasks as light housekeeping, meal preparation, laundry or shopping • Assistance to access and attend community activities such as accompanying the individual while traveling to activities or helping the individual to access leisure activities. • May provide some intermittent checking in by telephone call during periods of absence from the caregiver.	Hourly	**Core Service** For up to 5 hours of weekly direct support, ½ hour may be telephone or e-mail. For up to 7.5 hours of weekly direct support, ¾ hour may be telephone or e-mail. For up to 10 hours of weekly direct support 1 hour may be telephone or e-mail. For up to 15 hours of weekly direct support 1 ½ hours may be telephone or e-mail support.
Person Centered Planning	Information and assistance in support of participant direction. A person centered plan will be developed and updated annually.	Plan	Core Service
Job Developer/Career Counselor DMR waiver rate for individual supported employment	Could include work, volunteer and apprenticeship experiences. Includes instruction and training in: • Assessment of interests, strengths and opportunities for employment • Training in activities to secure and sustain employment: interviewing skills, workplace etiquette, workplace culture, travel training • Job development • Task analysis • Job analysis, natural supports at worksite	Hourly	Core Service
Job Coach Same as life coach rate	Could include work, volunteer and apprenticeship experiences. Includes activities to support: • Stabilization with job • Measurement of production, social abilities, essentials and independence at the job • Job satisfaction • Social skills training, practice scripts and social autopsy • Monitoring job performance	Hourly	Core Service
Consultative Services DMR waiver rate except clinical psychologist	Services may include assessment, planning, training and technical assistance to offer unpaid caregivers and/or paid support staff assistance in carrying out individual support plans, necessary to improve the individual's independence and inclusion in their community. Consultation activities are provided by professionals in nutrition, counseling, behavior management and treatment, nursing, communication, speech therapy, occupational therapy, physical therapy and recreational therapy. The service may include the development of a home support plan, training to carry out the plan and monitoring of the individual and the provider in the implementation of the plan. This service may only be delivered in the individual's home or in the community as described in the individual service plan.	Hourly	Core Service Over $3000 prior approval
Social Skills Groups	Weekly group sessions of between 4-6 individuals to work on specific social skills. Facilitated by a clinical psychologist.	45 Weekly sessions of 1.25 hours	Core Service
Specialized Driver Assessment	Specialized assessment and training in order to obtain a driver's license	$600	Prior Approval

Type of Support	Description	Unit	Core Service or Prior Approval
Assistive Technology	An item, piece of equipment , or product system, that is used to increase maintain, or improve functional capabilities of participants. Assistive technology includes: • Evaluation of the technology needs including a functional evaluation • Services consisting of purchasing, leasing or otherwise providing • Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices • Coordination and use of necessary therapies, interventions, or services • Training for the participant, family members and other individuals who provide services	Per 3 year period	Prior Approval
Educational Supports	TBD This support is designed for post secondary experiences		Prior Approval
Interpreter Services DMR waiver rate	Service of an interpreter to provide accurate, effective and impartial communication where the individual or representative is deaf or hard or hearing or where the individual does not understand spoken English.	Hourly	Core Service Over $1200 prior approval

Life and Social Skills Coach

Definition

Assist with the acquisition, improvement and/or retention of skills and provide necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in the individual plan of care. This service is intended for specific instruction and training in a personal outcome. Provision of the service is limited to the person's own or family home and/or their community. This service is expected to coordinate strategies will all other service providers and to adjust strategies as needed. This service may be self-directed or provided through a qualified agency.

Examples

- Instruction and training in one or more need areas
- Implementation of strategies to address behavioral, medical, medication management or other needs identified in the Individual Service Plan
- Data collection on target strategies
- Implementation of therapeutic recommendations including speech, communication, social skills, leisure/recreation skills, O.T., P.T., and assistance in following special diets and other therapeutic routines
- Identification and adjustment of strategies as needed
- Ongoing communication with service coordinator and all other service providers pertaining to implementation of strategies
- Mobility training
- Adaptive communication training
- Provide training or practice in basic consumer skills such as banking, budgeting and shopping
- Provide instruction and training in one or more need areas to enhance the person's ability to live independently in their own home and enhance the individual's ability to access in the community
- Assist the individual to complete daily living activities or to access the community
- Periodic telephone or e-mail communication with individual receiving services as specified in plan

Service Settings

Provision of services is limited to the person's own home, their family home and in their community.

General Services Limitation

This service should not be used to supplant the care provided by the consumer's natural supports. Life and social skills providers may be members of the individual's family with prior approval from the DMR Autism Unit. Payment will not be made for services provided to an

individual by that person's spouse. For other family members, payment is made only when the service is not a function that a family member normally provides for the individual without charge as a matter of course in the usual relationship among members of a nuclear family, and the service would otherwise need to be provided by a qualified provider. Family members who provide life and social skills coaching must meet the same standards as providers who are unrelated to the individual.

Service Utilization
Typical utilization is expected to be 2-10 hours per week.

Qualified Vendor Requirements of Self-directed Staff Requirements

- 18 years of age
- Criminal background check
- Abuse/Neglect Registry check
- Ability to communicate effectively with the individual/family
- Ability to communicate effectively with other service providers including the service coordinator
- Ability to complete necessary documentation

In addition, prior to being alone with the individual the vendor must:

- Demonstrate competence and knowledge of DMR Autism Unit policies and procedures to be determined.
- Demonstrate competence in their role necessary to safely support the individual as described in the Individual Service Plan

Unit of Service and Method of Payment: Qualified Vendor
Hourly Fee
The basis of payment for services is an hourly unit of direct service time. Telephone calls and e-mailing can be considered direct services as outlined in the services table. Billing should be rounded to the nearest hour.

Qualified Vendor Rate for Services
The rate is outlined in the services table and updated as required.

Community Mentor

Definition
Assistance necessary to meet the individual's day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included.

Examples

- Providing social interactions
- Assisting or supervising the individual with such tasks as light housekeeping, meal preparation, laundry or shopping
- Assistance in accessing and attending community activities such as accompanying the individual while traveling to activities or helping the individual to access leisure activities.
- May provide some intermittent checking in by telephone calls during periods of absence from the caregiver.

Service Settings
Provision of services is limited to the person's own home, their family home and in their community.

General Services Limitations
This service should not be used to supplant the care provided by the consumer's natural supports. Community mentors may be members of the individual's family with prior approval from DMR. Payment will not be made for services furnished to an individual by that person's spouse. For other family members, payment is made only when the service is not a function that a family member normally provides for the individual without charge as a matter of course in the usual relationship among members of a nuclear family, and the service would otherwise need to be provided by a qualified provider. Family members who provide community mentoring must meet the same standards as providers who are unrelated to the individual.

Service Utilization
Typical utilization is expected to be 2-10 hours per week.

Qualified Vendor Requirements of Self-directed Staff Requirements

- 18 years of age
- Criminal background check
- Abuse Registry check
- Ability to communicate effectively with the individual/family
- Ability to communicate effectively with life and social skills coach
- Ability to complete necessary documentation

In addition, prior to being alone with the individual the vendor must:

- Demonstrate competence and knowledge of DMR Autism Unit policies and procedures to be determined.
- Demonstrate competence in their role necessary to safely support the individual as described in the Individual Service Plan.

Unit of Service and Method of Payment: Qualified Vendor
Hourly Fee
The basis of payment for services is an hourly unit of direct service time. Telephone calls and e-mailing can be considered direct services as outlined in the services table. Billing should be rounded to the nearest hour.

Qualified Vendor Rate for Services
The rate is outlined in the services table and updated as required.

Person Centered Planning

Definition
Facilitation of a person centered planning process with the individual and important people in their life. The process will be coordinated by the service coordinator. The facilitator is expected to select and use the particular planning tool that meets the individual's requirements. The facilitator will conduct several meetings with the planning group and develop the individual's person centered plan during these meetings.

Examples

- Introductory meeting to meet individual and others important to the individual to develop history and introduce the planning process
- Conduct and facilitate meetings to develop the plan
- Write plan on wall charts

Service Settings
Provision of service can be in any location that will accommodate the person centered planning team.

General Services Limitations
This service is only available from qualified vendors. An individual can select person centered planning no more than one time every 2 years.

Service Utilization
Typical utilization is expected to be 9-12 hours per plan. One plan may be requested every 2 years.

Qualified Vendor Requirements
- Ability to communicate effectively with the individual and their family
- Ability to communicate effectively with other service providers including the service coordinator
- Ability and experience in facilitating person centered planning

Unit of Service and Method of Payment: Qualified Vendor
Fee
The basis of payment for services is completion of the plan and written wall charts of the plan.

Qualified Vendor Rate for Services
The rate is outlined in the services table and updated as required.

Job Developer/Career Counselor
Definition
Assistance necessary for the individual to explore career paths within their interests, abilities, talents and skills. Support and development of a particular job or experience. Could include work, volunteer and apprenticeship experiences.

Examples:
- Assessment of interests, strengths and opportunities for employment
- Training in activities to secure and sustain employment such as interviewing skills, workplace etiquette, workplace culture and travel training
- Job development
- Task analysis
- Job analysis, natural supports at worksite

Service Settings
This service originates from the home and is generally delivered in the community.

General Service Limitations
This service is not provided in or from a facility-based program. Job developers/career counselors may be members of the individual's family with prior approval from the DMR Autism Unit. Payment will not be made for services furnished to an individual by that person's spouse. For other family members, payment is made only when the service is not a function that a family member normally provides for the individual without charge as a matter of course in the usual relationship among members of a nuclear family, and the service would otherwise need to be provided by a qualified provider. Family members who provide community mentoring must meet the same standards as providers who are unrelated to the individual.

Service Utilization
Two to six hours per week for 6 months. Prior approval from the DMR Autism Unit is required for individuals who need a longer duration of this support.

Qualified Vendor or Self-directed Direct Service Staff Requirements
Prior to Employment:

- 18 years of age
- Criminal background check
- Abuse Registry check
- Have experience with assessments of interests, strengths and opportunities for employment.
- Have experience in training in activities to secure and sustain employment: interviewing skills, workplace etiquette, workplace culture, travel training
- Have experience with job development

In addition, prior to being alone with the individual the vendor must:

- Demonstrate competence and knowledge of DMR Autism Unit policies and procedures to be determined.
- Demonstrate competence in their role necessary to safely support the individual as described in the Individual Service Plan.
- Demonstrate competence, skills, abilities, education, and/or experience necessary to achieve the specific job/career outcomes as described in the Individual Service Plan.

Unit of Service and Method of Payment: Qualified Vendor

Hourly Fee

The basis of payment for services is an hourly unit of direct service time. Telephone calls and e-mailing can be considered direct services as outlined in the services table. Billing should be rounded to the nearest hour.

Qualified Vendor or Self-directed Rate for Services

The rate is outlined in the services table and updated as required.

Job Coach

Definition

Activities to support an individual in maintaining a job, volunteer experience or apprenticeship opportunity.

Examples:

Includes activities to support:

- Stabilization with job
- Measurement of production, social abilities and independence at the job
- Job satisfaction
- Social skills training, practice scripts and review of social interactions
- Monitoring job performance

Service Settings

This service is generally delivered in the community.

General Service Limitations

This service is not provided in or from a facility-based program. Job coaches may be members of the individual's family with prior approval from the DMR Autism Unit. Payment will not be made for services furnished to an individual by that person's spouse. For other family members, payment is made only when the service is not a function that a family member normally provides for the individual without charge as a matter of course in the usual relationship among members of a nuclear family, and the service would otherwise need to be provided by a qualified provider. Family members who provide community mentoring must meet the same standards as providers who are unrelated to the individual.

Service Utilization

Two to six hours per week.

Qualified Vendor or Self-directed Direct Service Staff Requirements
Prior to Employment:

- 18 years of age
- Criminal background check
- Abuse Registry check
- Have experience with job support.

In addition, prior to being alone with the individual the vendor must:

- Demonstrate competence and knowledge of DMR Autism Unit policies and procedures to be determined.
- Demonstrate competence in their role necessary to safely support the individual as described in the Individual Service Plan.
- Demonstrate competence, skills, abilities, education, and/or experience necessary to achieve the specific job/career outcomes as described in the Individual Service Plan.

Unit of Service and Method of Payment:
Hourly Fee
The basis of payment for services is an hourly unit of direct service time. Telephone calls and e-mailing can be considered direct services as outlined in the services table. Billing should be rounded to the nearest hour.

Qualified Vendor or Self-directed Rate for Services
The rate is outlined in the services table and updated as required.

Consultative Services

Definition
Services may include assessment, planning, training and technical assistance to offer unpaid caregivers and/or paid support staff assistance in carrying out individual service plans necessary to improve the individual's independence and inclusion in their community.

Examples
Consultation activities are provided by professionals in nutrition, counseling, behavior management and treatment, nursing, communication, speech therapy, occupational therapy, physical therapy, psychology and recreational therapy. The service may include the development of a home or job support plan, training to carry out the plan and monitoring of the individual and the provider in the implementation of the plan.

Service Settings
This service may only be delivered in the individual's home, at their job or in the community as described in the individual service plan.

General Service Limitations
This service may be delivered at the same time as other services.

Service Utilization
This service is limited to $3000.00 per year. Prior approval is required for exceeding the limit.

Qualified Vendor or Self-directed Direct Service Staff Requirements

Psychology	Department of Public Health license under C.G.S. § 20-187a
School Psychologist	Department of Education Certificate endorsement #070
Social Worker	Department of Public Health license under C.G.S. § 20-195n
Professional Counselor	Department of Public Health license under C.G.S. § 20-195dd

Behavior Management	Licensed psychologist or school psychologist or: Masters degree in psychology or applied behavior analysis and course work in human behavior and at least one-year experience working with individuals with autism
Dietitian/Nutritionist	Department of Public Health license under C.G.S. § 20-206n
Speech Therapy	Department of Public Health license under C.G.S. § 20-411
Occupational Therapy	Department of Public Health license under C.G.S. § 20-74b
Physical Therapy	Department of Public Health license under C.G.S. § 20-70
Recreation Therapist	Masters degree in recreation therapy and at least one year experience working with individuals with autism
Nurse	Advanced Practice Registered Nurse (APRN) Department of Public Health license under C.G.S. § 20-94a Registered Nurse (RN) Department of Public Health license under C.G.S. § 20-92.

Unit of Service and Method of Payment
Quarter-Hour Unit.
The basis of payment for services is an hourly unit of direct service time. Billing should be rounded to the nearest 15-minute interval.

Qualified Vendor or Self-directed Rate for Services
The rate is outlined in the services table and updated as required.

Specialized Driver Assessment
To be determined

Educational Supports
To be determined

Adaptive Technology

Definition
Devices or appliances specified in the Individual Service Plan that enable individuals to increase their abilities to perform activities of daily life.

Service Settings
Non applicable

General Service Limitation
Items available under the individual's medical insurance are excluded. Individuals may use up to $7000 for a 3-year period. Prior approval from the DMR Autism Unit is required.

Interpreter Services

Definition

Service of an interpreter to provide accurate, effective, and impartial communication where the individual or representative is deaf or hard-of-hearing or where the individual does not understand spoken English. This service may be self-directed.

Examples

Interpretation at community activities to access services and supports.

Service Settings

This service may only be delivered in the individual's home, or in the community as described in the Individual Plan.

General Service Limitation

None

QUALIFIED VENDOR DIRECT SERVICE STAFF AND SELF-DIRECTED REQUIREMENTS

Prior to Employment:

- 18 yrs of age
- Criminal background if required by participant
- Abuse Registry check if required by participant
- Have ability to communicate effectively with the individual/family
- Be proficient in both languages
- Be committed to confidentiality
- Understand cultural nuances and emblems
- Understand the interpreter's role to provide accurate interpretation.

Sign language interpreter:

Certified by National Association of the Deaf or National Registry of Interpreters for the Deaf and must be registered with the Commission on the Deaf and Hearing Impaired.

Service Utilization

Typical utilization will be to attend meetings, provide orientation to employer responsibilities and other service related activities.

Unit of Service and Method of Payment Qualified Vendor

Quarter-Hour Unit.

The basis of payment for services is an hourly unit of direct service time. Billing should be rounded to the nearest 15-minute interval.

Qualified Vendor or Self-directed Rate for Services

The rate is outlined in the services table and updated as required.

Billing and Payment

On a monthly basis, the vendor (service provider) will provide billing for the services rendered during the previous month. Billing will be sent to the fiscal intermediary to be determined. All invoices are required to specify the following:

- Name and address of vendor (provider)
- Federal taxpayer ID number
- Service month
- Individual's name and address
- Name of service
- Number of service units provided for each date of service

Direct service time is the period of time spent with the consumer and verified by the consumer or their family when required. It usually is face to face time, but could include phone calls and e-mails as specified in the Individual Service Plan. Vendors should round their direct service time to the nearest unit increment.

Vendors may not bill for absences of the individual.

Training

Training will target 3 audiences: vendors/providers, state agency staff, and the community. At this time, only the provider training is being developed. Below is an outline of the draft training plan (subject to further change and development).

Outline
Level 1 Training Awareness (1 day)

A. Foundations
B. What is High Functioning Autism and Asperger's Syndrome?
C. Why is Life so Difficult? (videos and anecdotal stories)
D. Family Perspective-panel of families talking about themselves (structured questions)
E. General Strategies and Intervention

Outline
Level 2 Training Knowledge (2-3 days)

One to two weeks between sessions to allow for structured follow up assignment.
Initial questionnaire pertaining to what has surprised them in the first few weeks of work. Training will focus on responding to this.

Combined day

A. Specific strategies and interventions
B. Understanding and working with the Individual Service Plan
C. Assessments
D. Person Centered Planning (short)
E. Discussion on: "What has surprised you in your first few weeks?"

Employment Strand (day 2 and 3)

(For job coaches job developers and career counselors)

- Long term strategies to support people sustaining employment
- Task analysis
- Job analysis
- Social autopsy
- Relationships
- Natural supports
- Job seeking
- Social scripts
- Interviewing
- Self-employment
- Volunteer work
- Apprenticeships
- Monitoring performance at a distance
- Navigation of the environment
- Workplace etiquette/social skills
- Social competency re: employment setting-hidden curriculum
- Development of job preparedness skills

Living and Leisure (day 2 and 3)
(For social skills and life coaches and community mentors)

- Awareness of limitations in repertoire of interests,
- Strategies to broaden (when appropriate)
- Access/exposure: focusing (social)
- Preparation with choice making/options
- Building bridges to enable participation in new activities and opportunities
- Dating and relationships/ sexuality regarding consent
- Knowledge of resources
- How to fill free time
- How to recognize the difference between free time and down time
- How to teach life skills i.e. money, credit, debt, understanding big picture
- Emergency response
- Activities of daily living
- Health and nutrition
- Safety in the community
- Interpersonal training

Clinical Consultation Group
There will be a clinical consultation group developed that will meet monthly. The group will meet to discuss 3-4 individuals per month with the service coordinator, appropriate staff and individual and family if appropriate. The purpose of this meeting is to review the service strategies and activities and make recommendations around assessment opportunities, strategies and interventions to help with employment and adult living. Each individual will be reviewed approximately every 6 months. The consultation team is to be determined.

Project Evaluation
The UCONN Health Center's Center on Aging will conduct the project evaluation. The Autism Pilot Project will offer approximately 25 individuals the opportunity to engage in a coordinated system of supports and services. This program evaluation is organized in accordance with the objectives identified by the Steering Committee. The primary goal of the evaluation is to document the Autism Program implementation, short-term costs and effects (positive and negative). Given budget constraints and the initial limitation of participants, the information gathered is both preliminary and exploratory in nature. Nevertheless, the data will be of immediate use to policymakers in Connecticut and program providers as they determine future steps for this new and unique program. There are five components to the evaluation.
Component 1: Document program implementation
Component 2: Describe participants' early experiences and subjective outcomes
Component 3: Describe participants' objective outcomes
Component 4: Cost estimations
Component 5: Survey of the training participants

Control Subjects
One critical aspect of this project is the incorporation of a control population (individuals who will not be a part of the autism pilot). To the degree possible, clients and caregivers will be matched on key variables including geographic location, demographic characteristics, health and functional status. Data collection instruments from component numbers 2, 3 and 4 will be used for comparative purposes. The goal is 25 individuals as control subjects to complement the 25 individuals selected for services.

Data Analysis
The pilot nature of this project includes a modest sample size which limits the proposed analytical strategies to predominately nonparametric and descriptive tests. Further, the inclusion of both qualitative and quantitative data requires varied statistical measures.

A multi-step statistical strategy will be employed in this study. Analysis for this project will begin by describing the study sample; summary statistics appropriate to the distributional characteristics of the variables of interest will be used. Scatter plots will be examined to visually analyze the distribution of responses. Program participants will be compared to control individuals wherever applicable.

Variables that are dichotomous in nature will be organized in a 2 x 2 format; a chi-square will be used to calculate the degree of association. When comparing two continuous variables, t-tests will be computed. The ordinal data will be tested using Wilcoxon-Mann-Whitney, or Wilcoxon signed rank tests. The longitudinal nature of the data will be analyzed using repeated measures analysis if cell sizes are appropriate.

The final stage of the statistical strategy is the analysis of the open-ended questions using qualitative methods. Responses to the open-ended question will be recorded by the interviewer and entered into the computer directly as written. Each of the major open-ended questions will be analyzed separately using the constant comparative method (Strauss & Corbin, 1990). Recurrent themes will be noted, and text will be clustered under these themes until no new themes emerge.

Statistical Programs for Data Collection and Analysis

The data received from the interviews will be coded and entered into Microsoft Access™ 2000 tables. Both range checking and contingency checking will be used to detect and correct errors during data entry. Data will be transported and analyzed in the statistical software program Statistical Package for the Social Sciences (SPSS) 13.0. SPSS automatically generates a codebook that corresponds with the entered data. The codebook will contain information pertaining to the general handling of the coding process as well as information about each data field including the questions used to collect the data and the codes or numbers used in coding answers.

Deliverables

The primary deliverable will be a report that includes findings from each of the components of the evaluation. To the extent feasible and appropriate, sections of the report will be made available to project staff as they are written. At the close of the evaluation period, a final report will be submitted. The report will include an executive summary suitable for distribution to legislators and state administrators. The evaluation team members will also be available for presentations as appropriate.

Interagency Work

The following state agencies and offices have been participating and will continue to participate in this project:

Department of Social Services
Bureau of Rehabilitation Services
Office of Protection and Advocacy
Department of Labor
Office of Workforce Development
Department of Education
UCONN Health Center
Department of Mental Health and Addiction Services
UCONN Law School
Department of Public Health
Department of Children and Families
Northwest Community College
Southern Connecticut State University

Examples:

- The Department of Labor has requested that each One-Stop Center have one person participate in the autism training in order to make the centers more accessible to individuals with Autism Spectrum Disorders. The Department of Labor has offered training to staff who will be working on job development.
- The Office of Workforce Development has included the Department of Mental Retardation Autism Unit in the development of the Walgreen's project in order to develop employment opportunities for individuals with ASD and other disabilities.
- The Bureau of Rehabilitation Services had already trained a number of their staff and has developed a monthly clinical consultation team to consult on issues that individuals with ASD are experiencing with employment. This consultation team has also been made available to individuals receiving services from the pilot.
- The Department of Social Services will have one supervising social worker from each of the area offices participate in the autism training in order to make requests for entitlements more accessible.
- The University of Connecticut Law School will develop the job specification and provide the structure and supervision for the educational supports specialists.
- The University of Connecticut Health Center's, Center on Aging will perform the project evaluation.
- The Department of Education has offered many hours of expertise in the area of autism through committee and subcommittee participation.
- The Department of Mental Health and Addiction Services will have staff trained in autism.

- The Department of Children and Families will have a training component added to their training curriculum. They will also work with the pilot on referrals of children aging out of DCF.
- Southern Connecticut State University's Department of Special Education has been actively involved in the development of the training plan.