



Educational Eligibility vs. Medical Diagnosis



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THINGS TO REMEMBER

- School-based eligibility for services through the Category of Autism IS NOT the same as a Diagnosis of Autism. You do NOT need a Diagnosis of Autism to be eligible under the Category of Autism for school-based eligibility and services.
- Medical diagnosis is Autism Spectrum Disorder (ASD) and requires specific characteristics universal among individuals with this diagnosis that can be transferable to the two eligibility criteria for special services.
- Both the eligibility category and the medical diagnosis require information about the individual’s development prior to age three so thoughtful collection of medical, family, and educational history MUST be a part of the evaluation.

A review of procedural differences between determinations of eligibility for special education services resulting in IEP development, compared to a medical diagnosis resulting in a possible Plan of Care (POC). The following charts lay out the official wording for each, followed by a brief discussion of how that applies in practice for schools and families.

MEDICAL DIAGNOSTIC CRITERIA – DSM-5 (ASD)	EDUCATIONAL ELIGIBILITY – MO-DESE (Autism)
<p>A. PERSISTENT DEFICITS IN SOCIAL COMMUNICATION AND SOCIAL INTERACTION ACROSS CONTEXTS, NOT ACCOUNTED FOR BY GENERAL DEVELOPMENTAL DELAYS, AND MANIFEST BY 3 OF 3 SYMPTOMS:</p>	<p>A. DISTURBANCES OF SPEECH, LANGUAGE-COGNITIVE DEVELOPMENT, AND NONVERBAL COMMUNICATION IN ONE (1) OR MORE OF THE FOLLOWING:</p>
<ol style="list-style-type: none"> 1. Deficits in social-emotional reciprocity; includes social initiation and response 2. Deficits in nonverbal communicative behaviors used for social interaction; 3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); problems with social awareness and insight, as well as with the broader concept of social relationships 	<ol style="list-style-type: none"> 1. Abnormalities that extend beyond speech to many aspects of the communication process 2. Absence of communicative language or, if present, language lacks communicative intent 3. Characteristics involve both deviance and delay 4. Deficits in the capacity to use language for social communication, both receptive and expressive

<p>B. RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOR, INTERESTS, OR ACTIVITIES AS MANIFESTED BY AT LEAST 2 OF 4 SYMPTOMS:</p>	<p>B. A DEFICIT IN THE CHILD’S CAPACITY TO RELATE APPROPRIATELY TO PEOPLE, EVENTS OR OBJECTS THROUGH ONE (1) OR MORE OF THE FOLLOWING WAYS:</p>
<ol style="list-style-type: none"> 1. Stereotyped or repetitive speech, motor movements, or use of objects; atypical speech, movements, and play. 2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; includes rituals and resistance to change 3. Highly restricted, fixated interests that are abnormal in intensity or focus; includes preoccupations with objects or topics 4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of <u>environment</u>; includes atypical sensory behaviors. 	<ol style="list-style-type: none"> 1. Evidence of abnormalities in relating to people, events, or objects 2. Deficits in capacity to form relationships with people 3. Use of objects in an age-appropriate or functional manner are absent, arrested, or delayed 4. Seeks consistency in environmental events to the point of exhibiting rigidity in routines
<p>C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).</p>	<p>C. The evaluation report documents all areas in which the child’s autism adversely affects her/his educational performance. (The documentation includes a description of the educational concerns.)</p>
<p>D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.</p>	<p>D. The evaluation report documents the results of the evaluation and the team’s conclusion that the child’s autism is not the result of an emotional disability.</p>
<p>E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.</p>	<p>E. TWO MORE OPTIONAL INDICATORS – “IF APPROPRIATE”</p> <ol style="list-style-type: none"> 1. Disturbance of developmental rates and sequences through one (1) or more of the following: <ol style="list-style-type: none"> a.) Delays, arrests or regressions in physical, social or learning skills b.) Areas of precocious development with other skill areas at normal or extremely depressed rates c.) Skill acquisition does not follow normal developmental patterns 2. Disturbance of responses to sensory stimuli through one (1) or more of the following: <ol style="list-style-type: none"> a.) Behavior ranges from hyperactive to unresponsive to people and objects and can alternate between these states over periods ranging from hours to months

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders. 5th ed.* Arlington, VA: American Psychiatric Association; 2013

- b.) Disturbances in auditory, visual, olfactory, gustatory, tactile and kinesthetic responses
- c.) Responds to stimulation inappropriately and in repetitive or nonmeaningful ways

DSM-5 includes hundreds of possible Neurobiological and Psychological diagnoses to differentiate between for an Autism Spectrum Disorder (ASD) Diagnosis

MO- DESE Special Education Compliance Standards and Indicators differentiates the category of Autism from only 13 possible Categories of disability that meet eligibility requirements for Special Education and related services

Below is a Table from the Missouri Autism Guidelines Initiative published in 2012. It reviews differences in the source of regulating criteria, evaluations, and intervention planning between three groups of service providers: Clinical/Medical, Educational, and Community-based programming such as those through Department of Mental Health and Disability Services.

	Clinical/Medical	Educational	Other Services
Criteria Used	Medical Diagnostic Criteria based on <i>DSM-IV-TR</i>	Eligibility criteria established by federal law under the Individuals with Disabilities Education Act (IDEA) and state regulations as articulated in the <i>Missouri State Plan for Special Education</i>	Agency-based criteria
Evaluation Process	<p>Diagnostic evaluation is completed to determine if an individual meets criteria for a medical diagnosis of ASD or another disorder.</p> <p>Re-evaluation is completed as indicated on a case-by-case basis.</p>	<p>Under Part C of IDEA in Missouri, children in the 0–3 year age range qualify automatically for First Steps early intervention services if they have a medical diagnosis of ASD.</p> <p>Under Part B of IDEA for students ages 3–21 years, evaluation for eligibility determination is completed to determine if a student meets criteria under one or more of 13 education disability categories, including Autism.</p> <p>A need for reevaluation must be considered triennially but not more frequently than once a year unless the parent and school district agree otherwise.</p>	Eligibility evaluation to determine if individual meets agency’s eligibility criteria <input type="button" value="v"/>
Assessment Process	<p>May occur as part of or after diagnostic evaluation to identify individual strengths and weaknesses</p> <p>Results inform intervention across medical, educational, community, and home settings to minimize problems and maximize independent functioning.</p>	Assessment instruments are initially used as part of the evaluation for eligibility determination to identify areas in which a potential disability adversely affects the child’s educational performance.	Results inform the individual’s needs within the context of family priorities and resources.

Intervention Planning	May include recommendations for medical treatment, medication management, outpatient speech-language, occupational and/or physical therapies, behavioral therapy, psychotherapy, family counseling and supports, educational strategies, and accessing community services	<ul style="list-style-type: none"> - Conducted by IEP team, of which parents are members - The IEP addresses unique needs of the child and contains such items as annual goals, school-based services, environmental and instructional accommodations, and assistive technology. The IEP is reviewed and revised at least annually. A 504 plan may provide an alternative mechanism for classroom accommodations if a child does not meet eligibility for IEP services. 	Recommendations focus on specific agency services and other related resources that may be accessed.
Plan	Treatment Plan(s) – Plan of Care (POC)	<p>For 0-3 years, Individual/Family Service Plan (IFSP)</p> <p>For 3-21 years, Individual Educational Program (IEP)</p>	Individual Service Plan



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