



# Colorado's Children with Autism (CWA) Medicaid Waiver

## Best Practices Guidelines



June 2007

# **Best Practice Guidelines for Implementation of the Home and Community Based Services for Colorado's Children with Autism Medicaid Waiver (CWA)**

## **PART I**

### **Introduction**

#### **Background:**

On June 1, 2004, Colorado Governor Bill Owens signed into law Senate Bill 04-177, that would create the Home and Community Based Services for Children with Autism Waiver to help provide some vitally needed behavioral services to children with autism throughout the state. The rules for the HCBS-CWA waiver can be found at 10 C.C.R. 2505-10, Section 8.519 and the statutes at 25.5-6-801 through 25.5-6-805, C.R.S.

The law required that the state department work with members of the community including parents, service providers and community advocates in developing the rules to implement this waiver program. This group has become known as the Colorado Children with Autism (CWA) Medicaid Waiver Community Task Force.

In developing those rules, it became clear that there are myriad types of services offered for children with autism; but there was no clear explanation to help families understand those services or how to choose between one service and another. The task was to keep as much flexibility within the rules for families to choose the behavioral programs and interventions that will best meet the needs of their child and family while encouraging a thoughtful approach toward selecting services that are research-based, efficient and effective.

#### **About These Guidelines:**

These guidelines represent the cumulative work of many sources (cited within the document) as well as countless hours of discussion and dialog among the various members of the CWA Community Task Force and its various committees (see Acknowledgements) including members of state agencies, service professionals and parents of children with autism. It is designed to give families who are faced with the responsibility of choosing behavioral services and providers for their child some valuable information to guide their decisions.

This document is NOT designed to tell families what they can or cannot choose as the most appropriate form of service or provider for their child.

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### **Philosophy:**

It is the philosophy of this Task Force that the single most important factor in the development of children is the love and support of their family – especially that of their parents.

Providing such support for a child with autism can, at times, seem overwhelming. At any given time, there may be several professionals involved in the care, education and development of your child. There may be several opportunities for family members to relinquish some of their authority in determining the direction for their child’s services to the professionals who may seem to “know best.”

Remember, no one knows your child or your family better than you! As such, you are the leader of every team or group gathered for the benefit of your child or your family. Don’t ever give up your role as the leader in making such important decisions regarding your child’s and your family’s future.

### **CWA Community Task Force Composition:**

The Colorado Children with Autism Community Task Force was made up of representatives from the following organizations:

Alliance Colorado  
Arc of Arapahoe and Douglas counties  
Aspen Center for Autism  
Autism Society of Colorado  
CCB Partners  
Colorado Department of Health Care Policy and Financing  
Colorado Department of Education - Exceptional Students Services Unit  
Colorado Department of Human Services - Division for Developmental Disabilities  
Colorado Developmental Disabilities Council  
Denver Options  
Developmental Disabilities Resource Center  
Developmental Pathways  
Emerge, P.C.  
Family Voices of Colorado  
Imagine!  
JFK Partners  
Personal Assistance Services of Colorado - PASCO  
Towers Behavior Services  
University of Colorado at Denver and Health Sciences Center  
Yuma District Hospital

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## **PART II**

### **General Consideration for Program Implementation**

1. It is recommended that in selecting interventions for children with autism, scientific evidence for efficiency and effectiveness is an important consideration.
2. It is important that techniques and approaches be coordinated, integrated, and collaborative among all individuals working with the child and family.
3. When a team approach is used, it is important that team members communicate with each other about the child's progress.
4. It is important that parents and family members be active participants in all phases of decision making during the development and implementation of the waiver program and services to the extent of their interests, resources and abilities.
5. Consideration should be given to the family's interest, culture and values when developing the child's program.
6. If the child is attending school, it is important for the team to collaborate with the school staff to ensure that newly acquired behaviors will be generalized to the school environment. Coordination of home and school programs will provide more opportunities for the child to practice the target objectives.
7. It is important that there be appropriate supervision of line staff and coordination of efforts to accomplish agreed-upon intervention goals.
8. There is no single best suited and universally effective method for all children with autism. The best programs appear to be those that incorporate a variety of objectively verified practices and that are designed to address and support the needs of individual students and the families and professionals with whom they are linked (National Research Council, 2001, Richard Simpson, 2005)
9. When planning a comprehensive intervention program for an individual child with autism, it is recommended that if multiple intervention components are used, then careful consideration be given to integrating the intervention approaches and/or components to make sure they are compatible and complementary.
- 10.** As part of the intervention plan, it is important to address any of the child's other developmental and/or health problems that may co-exist with autism (for example, gross motor problems or seizures). Services for such needs identified as medically necessary shall be covered under Medicaid EPSDT coverage or the Medicaid State Plan. Also note that it is critically important that the case manager is involved in planning, monitoring and receiving regular updates and that the Care Plan as defined in 8.519.1 is integrated into the intervention planning process.

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11. The use of physical prompting (for example, a tap on the arm, a hand clap, or a verbal command) can be an effective and appropriate component of an intervention, and when used correctly, physical prompting is not a physically aversive procedure. Because individuals with autism can react so differently to different stimuli, it is the responsibility of the team to determine which procedures are physical prompts for the individual child and which specific physical procedures are aversive.
12. No form of aversives will be utilized in the implementation of the Colorado Autism Waiver. The use of physical aversives (such as hitting, spanking, slapping or pinching) may not be a part of any intervention program. There are behavioral interventions for children with autism that can be successful without the use of physical aversives.
13. The team should examine any intervention for potential risk or harm.
14. Although early intervention is recommended, it is important for parents to understand that children who receive intervention at a later age can still benefit from intervention.
15. When making decisions about interventions for a child with autism, it is recommended that parents seek guidance from qualified professionals with experience in treating children with autism. See Appendix A “Questions to Ask Providers.”

### **Linking Interventions to Assessment of the Child**

1. It is important to recognize that children with autism differ in terms of their strengths and needs, as well as their responses to specific intervention methods or techniques. Furthermore, children have different family situations.
2. It is recommended that the use of any intervention for a child with autism be based upon an assessment of the specific strengths and needs of the child and family.
3. It is recommended that target behaviors for each individual child be clearly identified and defined with developmentally appropriate measurable criteria for mastery.
4. It is recommended that any intervention be tied to ongoing monitoring of the child's progress by parents and professionals.
5. If ongoing assessment of the child's progress shows an intervention has not been effective after an adequate trial period, it is recommended that the intervention or specific aspects of its application be changed.
6. In making a decision either to start or change a specific intervention for a child with autism, it is important that parents and professionals consider:
  - a. The best available scientific evidence about the effectiveness of the intervention and alternatives
  - b. Learning rates of children with autism
  - c. Potential risks or harms associated with the intervention

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7. It is recommended that parents and professionals consider modification of an intervention when:
  - a. The child has progressed and target objectives have been achieved
  - b. Progress is not observed after an appropriate trial period
  - c. The child has shown some progress but target objectives have not been achieved after an appropriate trial period
  - d. There is an unexpected change in a child's behavior or health status
  - e. There is a change in the intervention setting (such as moving from the home to a preschool setting)
  - f. There is a change in family priorities
8. In addition to ongoing monitoring, it is recommended that periodic in-depth re-assessment of the child's progress and developmental status is done at least once every six to twelve months.
9. As part of the periodic in-depth re-assessment of the child, it is important to:
  - a. Include appropriate standardized testing to help assess the child's progress using that intervention method
  - b. Assess the child's individual progress and functional level and compare these to the child's previous levels of functioning as well as the child's age-expected levels of development and functioning

### **Common Elements of Effective Intervention Programs**

1. It is recommended that comprehensive intervention programs for young children with autism include the following elements:
  - a. A functional approach to dealing with problem behavior
  - b. A highly structured and supportive teaching environment
  - c. Takes place in the child's natural settings during typical routines
  - d. A high degree of predictability and routine
  - e. Strategies for generalization of skills other settings
  - f. Strategies for transition between daily activities
  - g. Long-term strategies for transitions between intervention settings
  - h. Opportunities for family involvement
2. A comprehensive program for young children with autism should include interventions to address the following areas:
  - a. Imitation skills
  - b. Communication/language skills
  - c. Ability to attend to social stimuli
  - d. Social relationship skills
  - e. Self-regulation
  - f. Independence
  - g. Replacement of inappropriate behaviors

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3. Development of the instructional program should consider planning for the following:
  - a Incorporating the child's unique interests, abilities and learning style
  - b Creating maximum opportunities to practice the targeted skills throughout the day
  - c Providing high rates of successful performance of the target skills
  - d Providing opportunities to practice the skills in naturalistic settings and situations (such as in the environment in which the child will be using the skill)
  - e Actively engaging the child in developmentally appropriate tasks and play
  - f Ensuring the child has mastered all the prerequisite skills needed for the skills being taught
  - g Providing learning opportunities daily by any member of the team
  - h Using naturally occurring reinforcement when possible.
  - i Encouraging communication and social interaction
  - j Providing explicit expectations to the child
  - k Embedding instruction in predictable events and activities
4. Behavioral and educational interventions have become the predominant approach for treating children and adults with autism. In recent years several intensive intervention programs for children with autism have been developed utilizing a systematic behavioral approach.
5. Because children with autism have a need for predictability and routine, it is recommended that comprehensive intervention programs provide strategies for the children to deal with transitions such as changes in schedule, activity, or routine during the day. To facilitate transition in activities, cue cards or other visual aids may be used.
6. A continuum of intervention strategies is important as the child progresses in independence. As the child's skills progress, it is useful for the focus of the intervention to shift from an emphasis on one-to-one therapy to include interactions in larger groups.
7. It is recommended that the precise number of hours of behavioral intervention vary depending on a variety of child and family characteristics. Considerations in determining the frequency and intensity of intervention include age, severity of autistic symptoms, rate of progress, other health considerations, tolerance of the child for the intervention, and family participation.
8. It is recommended that comprehensive intervention programs provide opportunities for parent involvement including participation in intervention planning, parent training for them to assist in the intervention, and regular consultation with professionals regarding the progress of their child.
9. It is important to consider revising the intervention plan when the child shows either significant improvement or a lack of improvement.
10. It is recommended that ongoing assessment be included as a part of every intervention session and that intervention techniques be modified as appropriate based on the child's progress.

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### **Behavioral and Educational Intervention Techniques for Reducing Maladaptive Behaviors**

Maladaptive behaviors are a defining characteristic of autism and may include such things as stereotypic behavior, disruptive behavior, aggression, and noncompliance. Some maladaptive behaviors for children with autism may interfere with their socialization or learning, while other maladaptive behaviors may represent hazards to the child or others.

1. In developing a behavioral strategy for reducing maladaptive behaviors, it is important to consider:
  - a the child's age, developmental level, skills, and abilities
  - b environmental changes that might reduce likelihood of maladaptive behaviors and/or the risks to the child from such behaviors
  - c the parent's needs, desires, and priorities
  - d family members who would be appropriate to involve in the intervention program
2. It is recommended that behavioral interventions for reducing maladaptive behaviors be used for young children with autism when such behaviors interfere with the child's learning or socialization or present a hazard to the child or others.
3. When attempting to reduce maladaptive behavior for a child with autism, it is necessary to determine the function that the particular inappropriate behavior has for the child.
4. When appropriate, intervention for problem behavior should teach the child replacement behaviors that will allow the child to accomplish the function of the behavior without exhibiting the problem behavior.
5. The primary focus of interventions for problem behaviors should be on skill building.

### **Behavioral and Educational Intervention Techniques to Improve Communication**

Because communication deficits are a core element defining autism, specific language and communication training is an important component of the intervention programs for children with autism. Basic communication training for a child with autism often emphasizes functional use of language development (the use of language in context; nonverbal communication such as intonation, communicative gestures, and facial expressions; and social aspects of communication such as turn-taking).

1. It is recommended that interventions focused on development of communication be included as a part of the total intervention program for young children with autism.
2. In developing a behavioral or educational strategy for improving communication, it is important to consider:
  - a the skills and abilities of the child
  - b the child's age and developmental level
  - c the child's environment
  - d the child's need for functional communication within his/her current environment

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3. It is important to concentrate on the use of language in social situations, including functional use of communication to obtain desired objects or results.
4. A variety of behavioral techniques may be useful for increasing and improving communication in young children with autism. The specific strategies will vary depending on the child's needs.
5. Since many young children with autism are functionally non-verbal, sign language or augmentative communication systems (such as picture boards, visual aids, computers, etc.) may be useful in aiding the development of communication and language. Research indicates that the use of these systems does not inhibit the development of speech.
6. It is important that parents be included as active participants in the communication intervention to the extent of their interests, resources, and abilities.
7. It is important that parents be involved in interventions to improve communication in order to:
  - a. ensure that the communication and language goals and strategies most important to the family are incorporated in the intervention
  - b. help the family incorporate the communication intervention strategies into the daily routines of the child and family
  - c. ensure consistency in the intervention approach

### **Behavioral and Educational Intervention Techniques to Improve Social Interactions**

1. It is recommended that interventions focused on improving social interactions be included as a part of the total intervention program for young children with autism.
2. In developing a behavioral or educational strategy for improving social interaction, it is important to consider:
  - a. the skills and abilities of the child
  - b. interventions that are developmentally appropriate for the child
  - c. the child's environment
  - d. the child's need for social interaction in his/her current environment
3. It may be useful to train peers who are able to provide prompts, modeling, and reinforcement to increase social interactions for children with autism.
4. Since young children typically interact through play, consideration should be given to the systematic instruction of play skills, preferably in a setting with their peers.

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## **PART III**

### **Role of the Parents and Family in Assessment and Intervention**

1. It is important that parents be involved as active team participants in all aspects of the child’s ongoing assessment and intervention process to the extent of their interests, resources, and abilities. As part of this team process, it is recommended that professionals share with parents the scientific evidence about effectiveness of the intervention methods being proposed or used, as well as the advantages and disadvantages of the proposed methods.
2. Parental involvement is important to ensure that the family’s desired outcomes for the intervention, as well as the family’s values and priorities, are considered when developing the interventions plan. It is also important for team members working with the child to understand and respect the family’s values, priorities, and parenting philosophies.
3. A child’s life is embedded within a cultural context. It is essential to consider and respect the family’s culture when providing interventions for children with autism. If English is not the primary language of the family, it is important for team members to look for ways to communicate effectively with the family and the child, including the use of translators who speak the family’s language if necessary.
4. The family will have a set of “Questions to Ask Providers” to use as a guideline when selecting potential team members (See Appendix A)

# **Appendix A**

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## **QUESTIONS TO ASK PROVIDERS**

The following areas/questions may be helpful to parents, caregivers, or other individuals when interviewing potential intervention providers.

### **Overall Philosophy**

- What is your overall philosophy on working with children with autism?
- What techniques do you use to manage difficult behaviors?
- Do you look for opportunities for integration with typical or higher functioning children?
- How do you determine if a particular method of intervention is working or not working, and what modifications would you make if the method is not working?

### **Overall Intervention/Treatment approach**

- What kinds of intervention, therapy, communication system, etc. do you use? What is the scientific basis for the intervention?
- How many hours per week do these services require – both from the paid staff and the family members?
- How do you evaluate the child's progress and how often?

### **Parent Involvement**

- How much and what kinds of involvement are expected of parents and family members?
- Are parents involved in planning as part of the intervention team?
- Do you provide on-going training for parents?
- How do you keep parents informed of their child's progress?

### **Experience/training**

- What is your experience/training in working with children with autism? If you supervise other staff, what experience do those persons have?
- What on-going trainings do you participate in? If you supervise other staff, what on-going training/monitoring do you provide?

# **Appendix B**

## **Best Practice Guidelines for Implementation of the Home and Community Based Services for Colorado's Children with Autism Medicaid Waiver (CWA)**

### **References**

Home and Community Based Services for Children with Autism Waiver, Rule 10 C.C.R. 2505-10, Section 8.519 ([http://www.chcpf.state.co.us/HCPF/msb/attach\\_06/519%20HCBS%20CAW.pdf](http://www.chcpf.state.co.us/HCPF/msb/attach_06/519%20HCBS%20CAW.pdf))

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