

**Eligibility Criteria and Funding Process
for Purchase of Services
for Preschool Aged Children
with Autism Spectrum Disorder**

Message to Parents

Funding program for early intensive services for preschool-age children with Autism Spectrum Disorders

The Department of Family and Community Services, through the Early Childhood and School-Based Services Branch, is offering an interim funding program for early intensive services to preschool children with Autism Spectrum Disorders. This interim funding program will be offered while the province is developing a long term publicly funded and monitored program for services to this population of children.

As of December 1st, 2003, families of preschool age children with Autism Spectrum Disorders can apply to have additional services funded up to a sum of \$1,667.00 per month, for a maximum of 20,000 per year.

With this funding assistance, parents can recruit and arrange services provided by a range of qualified professionals, Autism Support Workers and other therapists, that best suits your child's needs.

These services will be in addition, if the family is eligible, to those services that the child and family may already be receiving through such programs as:

- Integrated Daycare and Early Intervention Services through Early Childhood Initiative;
- Rehabilitative Services through the Hospitals and the Extra-Mural Programs; and
- Family support services through Community Based Services for Children with Special needs.

Enclosed in the attached package is a copy of the ***Eligibility Criteria and Funding Process for Purchase of Services for Preschool Age Children with Autism Spectrum Disorders*** and the ***Service Application and Funding Agreement***. As you will see from reviewing the guidelines, in the short term, it is the parent's responsibility to recruit and arrange services for their child and to apply for this funding. However, you will be assisted by either a Public Health Nurse or Social Worker who has been identified as the case manager of your child's case plan.

To assist you in this process, attached is a summary that highlights the key elements of the eligibility criteria and the key steps necessary in completing the Service Application and Service Agreement.

November/2003

Summary Points

Eligibility

- Child must be five years of age or under as of December 31st in the year of application
- Child must be registered under the Early Childhood Initiatives (ECI) and/or the Community-Based Services for Children with Special Needs (CBSCSN) Program.
- Must be a resident of New Brunswick (in accordance with the Medical Services Payment Act
- Must have documentation of diagnosis of Autism Spectrum Disorders

Funding Application Process

- Case manager in partnership with parent/s and services providers develop or review case plan
- Determine if there are services that would be eligible for funding assistance (as outlined in 2.2)
- Parent fills out the Service Application and Funding Agreement Form and Schedule A of this agreement. Services funded will not exceed \$1,667.00 per month
- The Service Application and Funding Agreement is to be signed by the parent and Schedule A is to be signed by parent and case manager
- Send Service application and funding Schedule A to Early Childhood and School-Based Services Branch, Family and Community Services, P.O., Box 6000, Fredericton, New Brunswick, E3B 5H1
- Enclose with the application a letter from a pediatrician, family doctor, psychologist, psychiatrist or pediatric neurologist confirming diagnosis with recommendations for intervention/treatment
- Enclose with the application a copy of the child's case plan
- Funding assistance will be approved if the child meets the eligibility criteria established in 2.1. Incomplete applications will be returned.
- Parent receives copy of The Service Application and Funding Agreement outlining the approved services

Summary Points (con't)

Obligations under agreement

- Parents are responsible for recruiting, hiring and arranging services for their child once service has been approved
- Parents are to request criminal record checks on individuals hired as Autism Support Workers
- For monitoring purposes, professionals and agencies providing services will be responsible for submitting to the case manager, records of the services provided and the child's progress every six months.
- The Autism Support Worker must maintain a daily record of the services provided (these records are to be available to parent/s and to the clinical supervisor).
- Parents are to sign off on all invoices for services rendered submitted by service providers
- Service providers submit invoices at the end of every month for services rendered to Early Childhood and School-based Services Branch, Family and Community Services, P.O. Box 6000, Fredericton, New Brunswick, E3B 5H1. Autism Support Workers, if self employed will submit Schedule B of the Service Application and Funding agreement as their invoice
- Case manager will review case plan with parents and service providers every six months.
- Modifications to services being funded can be requested through the parent re-submitting a Service Application and Funding Agreement

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1.0 Objective

Interim funding will enable families to receive funding assistance through the Department of Family and Community Services for evidence-based interventions for their child with a diagnosis under the Autism Spectrum Disorders. These services are to augment those services already being provided through the Departments of Family and Community Services and Health and Wellness.

2.0 Eligibility

2.1 Client Eligibility

- The child must be five years of age or under as of December 31st of the current application year and not attending public kindergarten;
- The child must be registered under the Early Childhood Initiatives (ECI) and/or the Community-Based Services for Children with Special Needs (CBSCSN) Program. Children not registered under either of these programs are asked to contact the Early Childhood Initiatives (ECI) Public Health Nurse at their local Public Health office or Community Based Services for Special Needs Services (CBSCSN) at the regional Family and Community Services Office;
- The child has been diagnosed with autism or related conditions which are included within the Pervasive Developmental Disorder (PDD) classification by one of the following: pediatrician, physician, pediatric neurologist, psychologist or psychiatrist. (See Appendix A for the definition and criteria for Autism and other Pervasive Developmental Disorders as outlined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-1V)*);
- Must be a resident of New Brunswick (in accordance with the Medical Services Payment Act);

2.2 Eligible Services for Purchasing

- Intervention services provided by an Autism Support Worker who works directly with the child and their family and who is supervised by an appropriately qualified professional. For Autism Support Workers, it is recommended that parents consider individuals with a post-secondary diploma related to early childhood or two years of post-secondary studies in a related field; OR a minimum of one year or working with preschool children, children with developmental delays, and parents of young children; OR an equivalent combination of training and experience. It is important to note however that these individuals will not be funded if they are not being clinically supervised by a qualified professional as outlined in the guidelines.

(refer to Appendix B for Definition and Principles of Intervention).

Note: Qualified Professional refers to:

- i. individuals licensed within health related professions who have training and experience in the area of Autism/PDD, such as Psychologists, Nurses, Rehabilitation Therapists (e.g. Speech and Language Pathologists, Occupational Therapists and Physiotherapists);
 - (ii) individuals with educational backgrounds in the study of children and with training and experience in the area of Autism/PDD (e.g. Teachers, Early Childhood Educators, Social Workers).
- Additional hours of therapy/intervention (beyond that already provided through government services) by rehabilitation professionals i.e., Speech and Language Pathologists, Occupational Therapists, Physiotherapists and other health professionals such as Psychologists and Social Workers.

2.3 Supervision Requirement for Autism Support Workers

Funding for services can be provided when service provided by an Autism Support Worker is assessed as being adequately, clinically supervised or when the service is provided directly by a qualified professional (as outlined above in 2.2).

2.4 Eligible Service Provision Arrangements

Eligible service provision arrangements could include any of the following:

- The family contracts with a Psychologist or other qualified professional to provide the service directly to the child and their family;
- The family contracts with a clinical psychologist or other qualified professional who would employ and clinically supervise an Autism Support Worker who provides service based on a case plan designed and monitored by the professional;
- The family contracts with a qualified agency which employs and clinically supervises an Autism Support Worker who provides service based on a service plan designed and monitored by the agency;
- The family contracts with an Autism Support Worker to provide service and also contracts with a psychologist or other professional who clinically supervises the Autism Support Worker who provides service based on a case plan designed and monitored by the professional.

3.0 Case Planning

3.1 Determination of Services Provided

The amount of intervention and/or therapy any child requires is a clinical decision best made by a qualified professional and other service providers involved in the child's case plan in consultation with the family and should take the following factors into consideration:

- The child's age, tolerance for intervention, and/or other health factors;
- The child's developmental level, severity of autism and interfering behaviors;
- The stage of therapy the child is at and the rate of his/her progress (e.g., some children may commence with one-to-one intensive intervention but progress to a group setting with less one-to-one time); and
- The level of family participation in the child's interventions should be considered.

3.2 Determination of the Level of Supervision Required

The number of hours of clinical supervision required by the Autism Support Worker is determined by the complexity of the diagnosis and intervention; and the experience and training of the Autism Support Worker and will be determined by the qualified professional providing the clinical supervision (suggested range of 3 to 6 hours per month). The key factor is the monitoring of the child, their progress and the impact of the intervention.

4.0 Funding

4.1 Available Funding Assistance

Each child will be eligible to have private services funded to a maximum of \$20,000 per year, effective December 1st, 2003.

Monthly funding assistance will not exceed \$1667.00. The intent of the funding is for direct intervention; however, funds can be provided to cover exceptional costs including:

- i) specialized resource and teaching materials (e.g. picture communication boards, toys) required as part of the intervention; up to a maximum of \$100.00 per month. Note: these funds cannot be used to cover such costs as printers, cartages etc.

- ii) travel costs within the province for families unable to access service providers in their community, to pay for the most cost effective method of accessing service providers as close to their community as possible. Options may include bringing the service provider to the community or travel to the service provider.

Note: These costs will be included within the \$1667.00 monthly allocation. Families within communities may want to consider pooling resources with other families to increase the cost-effectiveness of these options.

Families who want to make arrangements with service providers to supplement the amount of services beyond that approved under the Funding Service Agreement, are free to do so but must assume the additional cost, and responsibility for monitoring these services.

4.2 Funding Application Process

- i) Child meets the eligibility requirements as outlined in section 2.1.;
- ii) For children with already established case plans, the designated case manager will review the case plan with the child's family and other implicated services providers to determine if there are services that would be eligible for funding assistance (as outlined in 2.2);
- iii) For children newly registered in either ECI or CBSCSN, the designated case manager will be the Public Health Nurse or Social Worker, respectively. The case manager, in partnership with the child's family and other implicated services providers, will develop a case plan based upon the recommendations of the diagnosing practitioner (as outlined in 2.1);
- iv) The application for funding assistance is submitted for approval to the Early Childhood and School-Based Services Branch of the Department of Family and Community Services, along with a letter from a pediatrician, family doctor, psychologist, psychiatrist or pediatric neurologist confirming diagnosis with recommendations for intervention/treatment and a copy of the child's case plan;
- v) Funding assistance will be approved if the child meets the eligibility criteria established in 2.1. Incomplete applications will be returned;
- vi) Families with approved applications will be automatically entered into a Service Funding Agreement (see section 4.3) with the Department of Family and Community Services.

Please refer to Appendix C for *Flow Chart of Interim Funding Process*

4.3 Service Funding Agreement

The family will enter into a Service Funding Agreement (Appendix D – *Service Application and Funding Agreement*) with the Department of Family and Community Services which outlines all services the department has agreed to fund and will include:

- a description of the services to be provided by an Autism Support Worker including the level, settings and scheduling and the hourly rates to be paid;
- a description of the clinical supervision service being provided by a qualified professional or agency providing clinical supervision to the Autism Support Worker including level of supervision, settings and hourly rate;
- a description of services provided by qualified professionals;
- the time period covered;
- payment schedules, provision of invoices, requirements of receipts;
- schedule for regular case plan reviews;
- maintenance of confidentiality of personal and clinical information

4.4 Termination or Changes to the Service Funding Agreement

The Service Funding Agreement can be terminated by the Department of Family and Community Services if the family and/or service providers fail to provide any of the required reports or information or if child is not making progress or if the service is detrimental to the child.

At the request of either the Department of Family and Community Services or the child's family, the Service Funding Agreement can be altered through approved revisions to Schedule A of this Agreement, so long as funding requests do not exceed the available funding outlined in section 4.1.

4.5 Funding Assistance Payment Process

The Department of Family and Community Services will pay private clinicians (Psychologists, Speech and Language Pathologists, Occupational Therapists, etc.) or agencies directly upon receipt of monthly invoices for the amount agreed to in the Service Funding Agreement.

When an Autism Support Worker is hired directly by the family and is not paid through a private clinician or agency, the Department of Family and Community Services will fund the Autism Support Worker directly upon receipt of an invoice for the amount agreed to in the Service Funding Agreement (Refer to *Schedule B of Service Funding Agreement* for copy of Invoice to be submitted).

Note: It should be noted that these Autism Support Workers would be considered as self employed and this funding would be considered as taxable income.

4.6 Obtaining Private Services Eligible for Funding Assistance

For a list of registered/certified health professionals (Speech and Language Pathologists, Occupational and Physiotherapist) providing private services, parents can contact the local hospital or the Extra-mural Program.

For a listing of private practice Psychologists contact the College of Psychologists.

5.0 Reporting Requirements

For monitoring purposes, professionals and agencies providing services will be responsible to submit to the case manager, records of the services provided and the child's progress every six months. The Autism Support Worker must maintain a daily record of the services provided (these records are to be available to parent/s and clinical supervisor).

6.0 Case Reviews

As noted in section 4.4, the services required by the child and their family will change over time. Ongoing funding of services or enhancements/alterations to services for funding will be made based upon a review of the child's progress every six months. This review will be completed by the child's case manager, service providers, and the family.

Appendix A

AUTISM-DEFINITION

Autism is a pervasive developmental disorder which is characterized by impairments in communication and social interaction, and restricted, repetitive and stereotypic patterns of behaviour, interests, and activities (American Psychiatric Association (APA), 1994). It is a complex neurological disorder that affects the functioning of the brain.

Autism is referred to as a spectrum disorder, which means that the symptoms can be present in a variety of combinations, and can range from mild to severe. Multiple abilities can be affected, while others are not (Bristol et al., 1996; Minshew, Sheeney, and Bauman, 1997).

- Some individuals may have a severe intellectual disability, while others have normal levels of intelligence.
- There may be a range of difficulties in expressive and receptive language and communication. It is estimated that up to 50% of individuals with autism do not develop functional speech. For those who do, speech may have unusual qualities and be limited in terms of communicative functions.
- There are problems with attention and resistance to change.
- All individuals with autism have difficulties with social interaction, but the extent and type of difficulties with social interaction, but the extent and type of difficulty may vary. Some may be very withdrawn, while others may be overly active and approach others in peculiar ways.
- They may respond differently to sensory stimuli and may exhibit odd behaviours such as hand flapping, spinning, or rocking. They may also demonstrate unusual use of objects and attachments to objects.
- Although individuals with autism share some common features, not two individuals are the same. In addition, the pattern and extent of difficulties may change with development. The common characteristics help us to understand general needs associated with autism, but there is a need to combine this information with knowledge of the specific interests, abilities, and personality of each student.

DIAGNOSIS

The diagnosis of autism is made by a physician or clinical psychologist with expertise in the area of autism. Assessment and diagnosis typically involve a multidisciplinary team comprised of a pediatrician or psychiatrist, a psychologist, and a speech and language pathologist (SLP). The psychologist administers assessments to gather information on developmental level and behaviour, and the SLP assesses speech, language, and communicative behaviours. The medical assessment is conducted to rule out other possible causes for the symptoms, as many of the characteristics associated with autism are also present in other disorders. In addition, a medical and developmental history is taken through discussion with the parents. This information is combined with the assessments to provide the overall picture, and to rule out other contributing factors.

Parents who are seeking additional information regarding diagnosis can contact health professionals in their community.

Autism is diagnosed by the presence or absence of certain behaviours, characteristic symptoms, and developmental delays. The criteria for autism and other Pervasive Developmental Disorders are outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 1994) and the *International Classification of Diseases* (ICD-10) (World Health Organization, 1993).

The DSM-IV, which is most commonly used in North America, classifies autism within the category of Pervasive Developmental Disorders (PDD). PDD is an umbrella term for disorders which involve impairments in reciprocal social interaction skills, communication skills, and the presence of stereotyped behaviors, interests, and activities. The onset of the symptoms occurs before the age of three years. The conditions classified as PDD's are:

- Autism
- Childhood Disintegrative Disorder (CDD)
- Rett's Disorder
- Asperger's Disorder
- Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

Autism has, historically, been the most well-defined diagnosis within the category of PDD. At times, some of these diagnostic terms appear to be used interchangeably within the literature and by practitioners. The term *Autism Spectrum Disorders* is sometimes used to refer to autism and other conditions which are included within the PDD classification. PDD is sometimes used to refer to all conditions within the category of PDD, and at other times it has been used to refer to PDD-NOS.

It is important to note that all of the disorders within the PDD classification have some common features and may benefit from the same instructional strategies, but there are differences in some areas such as the number of symptoms, age of onset, and developmental pattern. Following is the diagnostic criteria for each disorder, outlining key characteristics.

DSM-IV Criteria for Autistic Disorder

Rett's Disorder

Childhood Distintegrative Disorder

Asperger's Disorder Pervasive Development Disorder – Not Otherwise Specified

DSM-IV Criteria for Autistic Disorder (299.00)

A) A total of a least six items from (1), (2), and (3), with at least two from (1), and one from (2) and (3):

- (1) Qualitative impairment in social interaction, as manifested by a least two of the following:
 - a) Marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
 - b) Failure to develop peer relationships appropriate to developmental level
 - c) Markedly impaired expression of pleasure in other people's happiness.
- (2) Qualitative impairments in communication as manifested by at least one of the following:
 - a) Delay in or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime).
 - b) In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others.
 - c) Stereotyped and repetitive use of language or idiosyncratic language
 - d) Lack of varied spontaneous make-believe play or social imitative play appropriate to developmental level.
- (3) Restricted repetitive and stereotyped patterns of behaviours, interests, and activities, as manifested by at least one of the following:
 - a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
 - b) Apparently compulsive adherence to specific nonfunctional routines or rituals.
 - c) Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements).
 - d) Persistent preoccupation with parts of objects.

B) Delays or abnormal functioning in at least one of the following areas; with onset prior to age three years.

- (1) social interaction,
- (2) language as used in social communication, or symbolic or imaginative play.

C) Not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

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Rett's Disorder

Rett's Disorder, also referred to as Rett syndrome, is a condition that is found only in females. Physical and mental development is essentially normal for the first 6 to 8 months of life. This is followed by a slowing or cessation in achieving developmental milestones. By 15 months of age, about half of the children with Rett syndrome demonstrate serious developmental delays. By age three, there is generally a rapid deterioration of behaviour evidenced by loss of speech and excessive levels of hand patting, waving, and involuntary hand movements (Van Acker, 1997).

DSM-IV Diagnostic criteria for 299.80 Rett's Disorder

A) All of the following:

- (1) apparently normal prenatal and perinatal development;
- (2) apparently normal psychomotor development through the first 4 months after birth;
- (3) normal head circumference at birth.

B) Onset of all of the following after the period of normal development:

- (1) deceleration of head growth between ages five and 48 months;
- (2) loss of previously acquired purposeful hand skills between ages five and 30 months with the subsequent development of stereotyped hand movements (e.g., hand-wringing or hand washing);
- (3) loss of social engagement early in the course (although often social interaction develops later);
- (4) appearance of poorly coordinated gait or trunk movements;
- (5) severely impaired expressive and receptive language development with severe psychomotor retardation.

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Childhood Disintegrative Disorder

For individuals with CDD, there may be several years of reasonably normal development which is followed by a loss of previously acquired skills. In approximately 75% of cases, the child's behaviour and development deteriorate to a much lower level of functioning. The deterioration stops, but there are minimal developmental gains past this point in the progression of the disorder. In addition, there is the development of various autistic-like features (Volmar, Klin, Marans, & Cohen' 1997).

DSM-IV Diagnostic criteria for 299.10 Childhood Disintegrative Disorder

A) Apparently normal development for at least the first two years after birth as manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behaviour.

- B) Clinically significant loss of previously acquired skills (before age 10 years) in at least two of the following areas:**
- (1) expressive or receptive language;
 - (2) social skills or adaptive behaviour;
 - (3) bowel or bladder control;
 - (4) play;
 - (5) motor skills;
- C) Abnormalities of functioning in at least two of the following areas:**
- (1) qualitative impairments in social interaction (e.g., impairment in nonverbal behaviours, failure to develop peer relationships, lack of social or emotional reciprocity);
 - (2) qualitative impairments in communication (e.g., delay or lack of spoken language, inability to initiate or sustain a conversation, stereotyped and repetitive use of language, lack of varied make-believe play);
 - (3) restricted, repetitive and stereotyped patterns of behaviour, interests, and activities, including motor stereotypies and mannerisms.
- D) The disturbance is not better accounted for by another specific Pervasive Developmental Disorder or by Schizophrenia.**

Reprinted, with permission, from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition, (1994) Washington, DC: American Psychiatric Association, pp. 74-75.

Asperger's Disorder

Asperger syndrome has many features common to autism. The distinguishing criteria are that there are not clinically significant delays in early language development, and no clinically significant delays in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour, and curiosity about the environment in childhood. The DSM-IV uses the term Asperger's Disorder. In this document we use the term Asperger syndrome, which is consistent with the literature in the area.

DSM-IV Diagnostic criteria for 299.80 Asperger's Disorder

- A) Qualitative impairment in social interaction, as manifested by at least two of the following:**
- (1) Marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
 - (2) Failure to develop peer relationships appropriate to developmental level
 - (3) A lack of spontaneous seeking to share enjoyment, interest, or achievements, with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
 - (4) Lack of social or emotional reciprocity.
- B) Restricted repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:**
- (1) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
 - (2) Apparently inflexible adherence to specific, nonfunctional routines or rituals
 - (3) Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, complex whole body movements)
 - (4) Persistent preoccupation with parts of objects.
- C) The disturbance causes clinically significant impairment in social, occupation, or other important areas of functioning.**

- D) **There is no clinically significant general delay in language (e.g., single words used by age two years, communicative phrases used by age three years).**
- E) **There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour (other than in social interaction), and curiosity about the environment in childhood.**
- F) **Criteria are not met for another specific Pervasive Development Disorders or Schizophrenia.**

Reprinted, with permission, from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, (1994). Washington, DC: American Psychiatric Association, p. 77.

Pervasive Developmental Disorder Not Otherwise Specified (Including Atypical Autism)

This diagnosis is used when an individual demonstrates impairments in the development of reciprocal social interaction or verbal and nonverbal communication, or when the repetitive and stereotyped behaviours are present, but the criteria are not met for Autistic Disorder, Asperger's Disorder, Rett's Disorder, or other specific conditions (DSM-IV, 1994).

Appendix B Description of Intervention

Intensive evidence-based interventions have become the predominant approach to promoting social, adaptive and behavioural functioning in children with autism. These interventions are based in behavioural science and use the basic psychological principles of learning in order to teach and promote effective alternative behaviours to interfering or problem behaviours. These interventions include such well-known approaches as Applied Behavioural Analysis (ABA) but also borrow from successful, evidence based social developmental approaches.

Research indicates that many forms of behavioural therapy clearly benefit children with Autism and while they may differ somewhat, they have many commonalities and typically include the following:

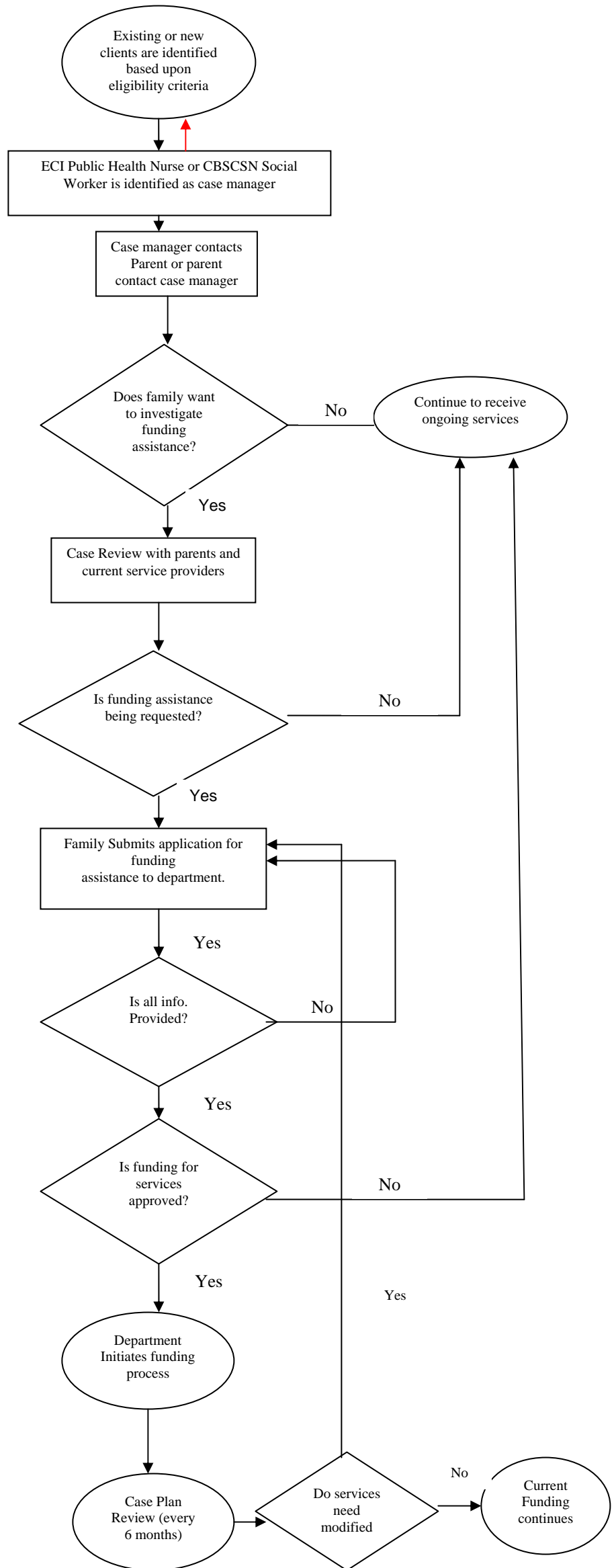
1. **Positive behavioural support:** a process whereby individuals are assisted in acquiring adaptive, socially meaningful behaviours and encouraged to overcome maladaptive behaviours. The goal of positive behavioural support is to teach functional skills as a replacement for problem behaviours. Behavioural support interventions usually involve changing aspects of the environment.
2. **Functional assessment:** the process of gathering information that can be used to maximize the effectiveness and efficiency of behavioural support interventions. Primary outcomes of functional analysis include: a description of the problem behaviour; identification of events, times and situations predictive of problem behaviour; identification of consequences that maintain behaviour; identification of the motivating function of behaviour; and collection of direct observational data.
3. **Functional communication training:** aimed at teaching an individual to use appropriate communication to obtain a desired item instead of engaging in problem behaviour.
4. **Family Involvement:** families must be fully informed and involved in their child's treatment in order to support gains made during treatment and to assist with the transfer and generalization of skills to the home and community environment. Families require training in the specific treatment techniques and their input must be legitimized and supported in order to maximize effectiveness of any treatment.
5. **Social Skills Training:** shape social behaviors and facilitate social interaction.
6. **Plans for generalization and maintenance:** treatment interventions are developed with functional outcomes in mind in order to ensure that skills are transferred, or generalized, to other settings. In order to promote the generalization of newly learned skills to a variety of people and settings it is imperative that the many individuals in the child's life, such as parents, siblings child care staff, health providers, teachers and peers respond to the child with a relatively high degree of consistency across various settings i.e., creating a complete therapeutic environment to support generalization

Basic principles of intervention:

- Flow from a thorough diagnostic, developmental, and functional assessment;
- Are based on best available scientific evidence on efficacy, safety and appropriateness;
- Use systematic behavioural teaching methods to build up skills (including, when appropriate, discrete trial teaching, known as the Lovaas method, in one-to-one programming using techniques of applied behavioural analysis such as positive reinforcement, task analysis, modeling and prompting);

- Use other systematic methods, when appropriate for the child's skill level or stage of progress, such as small group instruction, activity based learning, and capitalize on naturalistic teaching opportunities across a variety of people and settings;
- Include, from the outset, planning for generalization, independence and flexibility in children's behavior and skills as well as teaching functional, relevant skills they will need in natural settings;
- Use a curriculum which is comprehensive, providing teaching in all learning areas including social, play, cognitive, language, self-help and is developmental in sequence;
- Focus on the social-communicative deficits and differences which are characteristics of this disorder, including a wide variety of techniques to promote joint attention, social interaction, and intentional communication, using a variety of expressive communication modalities as clinically appropriate (e.g., picture exchange (PECS), words, gestures) and encouraging a variety of communicative functions (e.g., requesting, protesting, initiating, commenting etc.);
- Are individualized to reflect the child's developmental level, strengths and needs, likes and dislikes i.e., the specific goals, the motivators and the teaching methods are chosen based upon what is appropriate for that particular child;
- Are data based and monitored frequently using behavior observation so as to determine when the child has progressed sufficiently to have specific goals, specific methods of instruction, or larger program parameters adjusted and/or to make the transition to less formal training or to a more natural setting;
- Use an ethically sound positive programming approach to treat any serious problematic behaviors such as self-injury or aggression behaviors;
- Involve the parents/caregivers directly in the child's treatment and provide them with the training and support they need to supplement the program at home, manage their child's behavior and have meaningful and rewarding interactions with their child;
- Are coordinated and integrated with other services the child and family may need; and
- Are sensitive to the family's values and preferences, cultural context and language.

Interim Funding Process – Appendix C



The personal information collected on this form will be used for the purpose of determining eligibility for and providing Service Funding and will be treated confidentially in compliance with the freedom of the Protection of Personal Information Act. Any questions about the collection, use or disclosure of this information should be directed to Early Childhood and School-Based Services Branch, Family and Community Services, P.O. Box 6000, Fredericton, New Brunswick, E3B 5HI

Service Agreement Number _____

THIS AGREEMENT made on the _____ day of _____,

BETWEEN: **PROVINCE OF NEW BRUNSWICK**, represented by The Department of Family and Community Services

AND: _____ **RE:** _____ born on _____
("the parent" or "guardian") (yyyy/mm/dd)

WHEREAS:

- A. The province agrees to provide funding to assist with the cost of services for the child in accordance with the guidelines and procedures established by the Department of Family and Community Services; and
- B. The Parent of the child is requesting such funding assistance in providing this service for the Child.

THEREFORE, in consideration of the mutual covenants herein, the parties agree as follows:

1. Definitions

In this agreement:

- (a) "Services" means evidence-based interventions and therapy identified under an approved Case Plan; and may include treatment therapies, such as Speech and Language Pathology, Psychology, Occupational Therapy and Physiotherapy, as determined by the Case Plan;
- (b) "Case Plan" means a plan developed by the case manager in conjunction with the diagnosing practitioner, service providers and parent/s that identifies the child's treatment program to address identified treatment needs;
- (c) "Case manager" refers to the professional who develops and monitors in conjunction with Service Providers and the Parent, a case plan which establishes goals and objectives to address the Child's identified treatment needs;
- (d) "Service Provider" refers to qualified professionals, and Autism Support Workers clinically supervised by a qualified professional, who are providing services to the child under an approved Case Plan.

2. Province's Obligations

The province will pay for services under an approved Case Plan on behalf of the parent and the child an amount, subject to a maximum of \$20,000.00, by monthly instalments of up to a maximum of \$1,667.00 beginning the _____ day of _____, _____.

3. Parent's Obligation

The parent shall:

- (a) Access, select and arrange for Autism Support Worker/s, Clinical Supervisors and Therapists as Service Providers under the Case Plan;
- (b) Secure Criminal Record check on individuals hired as Autism Support Workers;
- (c) Provide documentation confirming a diagnosis of Autism/Pervasive Developmental Disorder;
- (d) Sign off on all services received as set out in Schedule A of this agreement; and
- (e) Notify the case manager when:
 - (i) there is any change in circumstance which may terminate or reduce the need for funding assistance
 - (ii) the child is for any reason no longer in the parent's care and custody;

4. Termination

- (a) This agreement automatically ends:
 - (i) when the child becomes eligible to enter Kindergarten
 - (ii) when the child is no longer eligible to receive the services as determined in accordance with the Eligibility and Funding Guidelines
 - (iii) at such time as the child and parent no longer reside in New Brunswick; or
 - (iv) at such a time as the child is, for any reason, no longer in the Parent's care
- (b) If the parent fails to comply with any of his or her obligations under this agreement, the province may terminate this agreement by written notice to the Parent.
- (c) The province or parent may terminate this Agreement for any reason on 30 days notice to the other party

5. General

- (a) The province's obligation to pay money for specialized treatment is subject to the Financial Administration Act, which makes that obligation subject to an appropriation being available in the fiscal year of the Province during which payment becomes due.
- (b) The person(s) selected by the parent and paid through this agreement shall not be a member of the immediate family. Immediate family includes:
 - i) a parent or grandparent of the person;
 - ii) a brother or sister of the person;
 - iii) the spouse of any of the above, while spouses are cohabiting.

Parent/s' name _____

Parent/s' mailing address _____

- (a) The parent/s acknowledges that the parent/s have read and understand the terms and conditions of this Agreement;
- (b) The parent/s acknowledge receipt of a copy of this Agreement.

Signed on behalf of the province by an authorized representative of the Department of Family and Community Services on the _____ day of _____, _____.

Signature, Authorized Representative

Signature, Title

Signed by the Parent/s on the _____ day of _____, _____.

Parent or Guardian's Signature

Parent or Guardian's Signature

Submit to: Department of Family and Community Services, Early Childhood and School-Based Services branch, P.O. Box 6000, Fredericton, NB, E3B 5H1

In order to ensure that the application is complete, please include the following:

- The Service Application and Funding Agreement filled out and signed by the parent/s
- Schedule A of the Service Application and Funding Agreement filled out and signed by parent and case manager
- Letter/report from a pediatrician, family doctor, psychologist, psychiatrist or pediatric neurologist confirming diagnosis with recommendations for intervention/treatment
- A copy of the child's case plan

Schedule A

Approved Services

Commencement Date: _____

CHILD

LAST NAME	GIVEN NAME(S)	BIRTH DATE (YYYY/MM/DD)
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PARENT(S) OR GUARDIAN

LAST NAME	GIVEN NAME(S)	TELEPHONE NUMBER(S): (work)	(home)
ADDRESS	CITY/TOWN	POSTAL CODE	

Specialized Services		Name of Therapist and/or Agency	Hours of Service per month
Clinical Supervision	<input type="checkbox"/>		
Autism Support Worker	<input type="checkbox"/>		
Psychology	<input type="checkbox"/>		
Speech Language Pathology	<input type="checkbox"/>		
Occupational Therapy	<input type="checkbox"/>		
Physiotherapy	<input type="checkbox"/>		
Exceptional Costs:			
Resource Material(up to \$100.00 per month)	<input type="checkbox"/>		
Travel expenses	<input type="checkbox"/>		

Case Manager's Name: _____ Address: _____ City/Town: _____

Postal Code: _____ Telephone #: home _____ work: _____

Parent or Guardian's Signature

Representative of Department of Family and Community Services

Parent or Guardian's Signature

Case Manager's Signature

SCHEDULE B

RECORD OF INTENSIVE INTERVENTION SERVICES

**INSTRUCTIONS: This form will serve as your invoice and is to be submitted monthly at the end of each month.
Send to: Family and Community Services, Early Childhood and School-Based Services, P.O. Box 6000, Fredericton, NB, E3B 5H1**

CHILD		FOR THE MONTH AND YEAR OF:	
LAST NAME	GIVEN NAMES	MEDICARE #	BIRTH DATE (YYYY/MM/DD)

PARENT OR GUARDIAN			
LAST NAME	GIVEN NAME	TELEPHONE NUMBER(S):	(work)
			(home)
ADDRESS	CITY/TOWN	POSTAL CODE	

NAME, ADDRESS AND TELEPHONE NUMBER OF AUTISM SUPPORT WORKER (PLEASE PROVIDE COMPLETE ADDRESS INCLUDING POSTAL CODE)	Number of hours of services rendered per week	DATE WEEK ENDING (YYYY/MM/DD)	TOTAL FEE FOR HOURS OF SERVICE	Autism Support Worker's Signature
Name: _____				
Address: _____				
_____ Postal Code _____				
Telephone number: _____				

TOTAL AMOUNT INVOICED

I hereby certify that the above listed services were received on behalf of the Child named above and provided in accordance with the case plan.

PARENT'S NAME (please print)	PARENT'S SIGNATURE	DATE SIGNED (YYYY/MM/DD)
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PARENT'S NAME (please print)	PARENT'S SIGNATURE	DATE SIGNED (YYYY/MM/DD)
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