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Autism: Case Management Considerations for Taft-Hartley Trusts

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Introduction

Autism is increasing in prevalence due to a number of factors. Taft-Hartley trusts are faced with the fiduciary duty to provide insurance coverage for individuals with a diagnosis of autism. The majority of costs for these individuals are on the medical side of the benefit. There are however, behavioral and psychological aspects for the family's and for the individual. Managed mental health care coverage excludes developmental disorders in most plans. What role should the managed mental healthcare vendor play in the interdisciplinary team charged with the care and management of autistic and autistic spectrum disorders?

This white paper reviews the diagnosis and management of the autistic child under the managed mental health care benefit coverage for Taft-Hartley trusts. For those interested in a comprehensive literature review article published by the American Academy of Pediatrics please go to the following: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1183#T1>.

Symptoms of Autism

It is important to understand the scope of the symptoms, noting that there is wide variance and a number of co-morbid conditions (such as mental retardation, hearing problems, learning disabilities and other conditions) that further compound the diagnosis and management of autistic children.

The DSM-IV (1994) used the following diagnostic criteria:

"A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

- (1) Qualitative impairment in social interaction, as manifested by at least two of the following:
 - (a) Marked impairment in the use of multiple nonverbal behaviors 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) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
- (d) Lack of social or emotional reciprocity
- (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 gesture 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 behavior, 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 inflexible 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 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Etiology of Autism

There is no complete consensus regarding the etiology of Autism. Neurological, genetic and environmental factors have been proposed and none have unequivocal evidence to support them, although the research to-date points to a biologically based, neurodevelopmental disorder that is highly heritable (<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1183#T1>).

Prevalence

Autism spectrum disorders cover the wide array of disorders from autism to Asperger's disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS). The spectrum of disorders has a neurological basis but manifests with social and/or behavioral deficits. It is termed spectrum disorder because the symptoms can manifest themselves in varying combinations and levels of severity (Inglese, 2009). The typical chain of events for a person with a disorder within the spectrum is the onset of a noticeable delay or problem, assessment, diagnosis, and treatment. Autism is the most common of the Pervasive Developmental Disorders, affecting an estimated 1 in 150 births (Centers for Disease Control Prevention, 2007). According to the Autism Society of America (www.autism-society.org), "Based on statistics from the U.S. Department of Education and other governmental agencies, autism is growing at a startling rate of 10-17 percent per year."

Diagnosis

Parents are the first to notice the symptoms and generally, the pediatrician is the first professional to see the child. Eventually a full diagnostic and treatment team may be involved. This interdisciplinary team consists of the medical personnel and eventually, the education system is significantly involved. The American Academy of Pediatrics (AAP) recommended early diagnosis and intervention (<http://www.aap.org/healthtopics/autism.cfm>).

Case Management

Medical: The initial and ongoing medical management of the autistic child is funded by the medical benefits of the Taft-Hartley trusts. A study by Shimabukuru, Grosse, and Rice (2008) looked at the medical expenses for children and adolescents with an autism spectrum disorder who had mental and behavioral health coverage and compared them to those children without the disorder. The average was that children with an autism spectrum disorder had medical expenditures \$4,000-\$6,000 more than those without. Also, the out of pocket amount, which included co pays and deductibles, was \$500-\$600 per year for the children with the disorder

Education and Behavior Management: The AAP recommends that “as soon as an infant or toddler is suspected of having a delay or being at risk of a delay or developmental disorder such as an ASD, he should be referred immediately to an early intervention program (a government-subsidized public program designed to serve children with special needs and/or developmental delays from the time the problem is identified until the third birthday). If the child has had his third birthday, the referral should be made to the special education department in the local school. Among other professionals, assessment teams will almost always include SLPs and occupational therapists who can develop appropriate intervention plans without a categorical diagnosis. Intervention is important and often can be effective, even if it begins as generic speech therapy (i.e., therapy that addresses most forms of language delay) and general developmental strategies. This intervention plan can be revised later to a more specific ASD intervention protocol (such as teaching JA) once the diagnosis is made. Experienced therapists often recognize ASD symptomatology and use strategies tailored to the child's individual deficits, even without a definitive ASD diagnosis”. The financing of these programs is paid through the school system in most locales.

Psychological: The family may need to access to family counseling in order to cope with the stressors of raising an autistic child. If the benefit has an employee assistance program, the family can be seen through the EAP. If it does not, most plans do not cover family or couples counseling and the parents may need to be seen individually under an appropriate DSM-IV code.

Social: In addition, the family may need additional assistance in accessing local, state or federal funding. The social worker in the school system should be able to assist the family. The Autism Society of America also has resources on its web site to assist parents (www.autism-society.org) and the Center for Disease Control and Prevention (<http://www.cdc.gov/ncbddd/autism/index.htm>).

References

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, (DSM-IV)*. Washington, DC: American Psychiatric Publishing; 1994
- Chris Plauché Johnson, MD, MEd, Scott M. Myers, MD and the Council on Children With Disabilities
PEDIATRICS Vol. 120 No. 5 November 2007, pp. 1183-1215 (doi:10.1542/peds.2007-2361)
- Shimabukuru, T.T., Grosse, S.D., & Rice, C. (2007). Medical expenditures for children with an autism spectrum disorder in a privately insured population. *Journal of Autism Developmental Disorders*. 38 546-552.