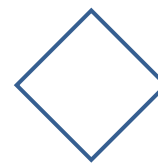
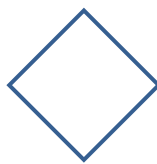
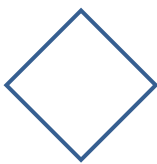




**THE DIAGNOSTIC PROCESS FOR
CHILDREN, ADOLESCENTS AND ADULTS
REFERRED FOR ASSESSMENT OF
AUTISM SPECTRUM DISORDERS**

*Assessment Providers' Version*¹



¹ Guidelines and standards for service provision in Victoria based on those defined and recommended by
The Western Australian Autism Diagnosticians' Forum, Inc.

ACKNOWLEDGEMENTS

Autism Victoria's Professional Panel Working Party would like to acknowledge the Western Australian Autism Diagnosticians' Forum, Inc (WAADF) for kindly allowing it to adapt the Western Australian Diagnostic and Assessment manual for use in Victoria.

WAADF Inc has its origins in the recommendations contained in two 1988-1989 reports by a Western Australian Ministerial Working Party which was formed to investigate the needs of individuals with autism in the state, and to recommend service delivery options. The reports' broad recommendations were implemented by a group of specialist clinicians known as the Central Diagnostic Panel (CDP). Over time, the CDP introduced a range of important initiatives including the establishment of a central diagnostic process which required a specialist, multidisciplinary team assessment; the development of cross disciplinary assessment, diagnostic and reporting protocols; and the introduction of a three step, collegial training process for speech pathologists and psychologists wishing to develop specialist assessment and diagnostic skills.

Growing assessor numbers, and interest in ongoing collegial support and networking opportunities, led to the formation of the Autism Clinical Diagnostic Forum (The Forum) in November 1998. This group met regularly to develop and support the implementation of state-wide diagnostic standards, discuss the implementation of diagnostic criteria and provide peer support and case discussion. The Forum elected its first formal office bearers in December 2002 followed by incorporation as The Western Australian Autism Diagnosticians' Forum, Inc (WAADF) in May 2004. WAADF continues to grow in response to the changing needs of its membership. WAADF published its recommended state-wide guidelines and standards for ASD assessment and diagnostic service provision in 2005 and in 2009 is working towards providing an assessor certification program in collaboration with a tertiary partner.

The modifications to WAADF's diagnostic and assessment manual were led by a small working party of members of the Autism Victoria Professional Panel. The working party consisted of Professor Margot Prior, Associate Professor Amanda Richdale, Associate Professor Cheryl Dissanayake, and Dr Kerry Saunders. The current version reflects adaptations to fit the Victorian context, and the process and practices unique to the diagnosis and assessment of Autism Spectrum Disorders in Victoria. Ms Lia Castorina of Autism Victoria made the changes needed for service provision in the Victorian government context.

AUTISM VICTORIA – BACKGROUND INFORMATION

Autism Victoria began over forty years ago as the Victorian Autistic Children's and Adult's Association. Initially a parent-run organisation staffed by volunteers, Autism Victoria has grown to become the state's peak body for Autism Spectrum Disorders, and is now a key provider of information, advice and support to individuals, families, service providers and private practitioners.

Autism Victoria is a member-based not for profit organisation and generates income from a range of sources including memberships, government funding, philanthropic trusts and private donations.

Autism Victoria receives funding from both the State Government Department of Human Services (DHS) and Department of Education and Early Childhood Development (DEECD) to provide an Information, Advice and Support service to families and professionals.

Further funding is received from the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to run the Autism Advisor program under the Helping Children with Autism package. Autism Victoria has also entered into a consortium agreement with the Parenting Research Centre to provide the telephone service for the National Autism Workshop Program which has also been funded by FaHCSIA.

The organisation is governed by a nine-member Board, elected on a rotational basis at the Annual General Meeting. The Board nominees are drawn from both a skills- and interest-base to enhance the governance of Autism Victoria.

The Board and the Autism Victoria staff have a panel of honorary consultants available to provide advice and guidance on professional and other issues related to Autism Spectrum Disorders, including research findings, policy development and media comment.

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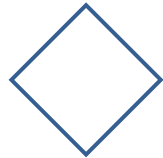
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***Note Regarding Section 2: Assessment Standards and Guidelines:**

This section includes descriptions of the assessment standards and guidelines for three areas of practice, namely: the assessment of children, the assessment of adolescents and adults, and guidelines for assessment by private practitioners.

The reader of this complete document will recognise a considerable amount of repetition of information across each of these three areas. This repetition is deliberate and highlights the commonalities of practice in each area. Relevant information and/or modifications are then included in each area as appropriate.

This formatting reflects the Working Party's decision to ensure that each of the three areas in this section can stand alone. We believe that this will facilitate use of the booklet by supporting those practitioners or individuals who may be interested in reviewing, in detail, those standards and guidelines relating to only one area of practice. In addition, this formatting was considered to be the most effective approach in ensuring the understanding and application of the included information.



SECTION 1:

DEFINITIONS AND BACKGROUND INFORMATION

ABBREVIATIONS AND TERMINOLOGY USED

The following are descriptions and explanations of abbreviations and terminology used within this manual. This usage does not preclude alternative uses or intent within other publications or contexts.

Agency Abbreviations:

CAMHS - Child and Adolescent Mental Health Services.

Specialist public mental health assessment and treatment services provided for children and adolescents up to eighteen years of age. Services include community based, multidisciplinary services and psychiatric inpatient services. CAMHS teams operate in both metropolitan and rural Victoria, and can assess and diagnose Autism Spectrum Disorders in children and adolescents.

ECIS - Early Childhood Intervention Services.

ECIS support children with a disability or developmental delay from birth to school entry and their families. ECIS provides special education, therapy, counselling, service planning and coordination, assistance and support to access services such as kindergarten and childcare. These services are funded through the Department of Education and Early Childhood Development (DEECD) and provided by Specialist Children's Services teams and Early Childhood Intervention agencies. It should be noted that neither ECIS nor DEECD provide diagnostic assessments for individuals with Autism Spectrum Disorders.

DEECD - Department of Education and Early Childhood Development.

The Victorian Government Department is responsible for all state primary, secondary and specialist schools, as well as most kindergartens and Early Childhood Intervention Services.

General Abbreviations and Terminology Used

DSM¹ – Diagnostic and Statistical Manual of Mental Disorders.

This manual is published by the American Psychiatric Association. It is the standard system for classification of mental health disorders, for both children and adults, which is used by mental health professionals in the United States of America. It is also the standard classification system used in Victoria. The DSM consists of three major components: the diagnostic classification, the diagnostic criteria, and the descriptive text. Pervasive Developmental Disorders, which include all of the Autism Spectrum Disorders, is one of the diagnostic categories included in the DSM. Each new edition of the manual incorporates an identifying number into its expanded title. The latest edition of the manual in use is the DSM-IV-TR (i.e. DSM –IV-Text Revision), published in 2000. Research, which both informs and is reflected in the content of the DSM, is ongoing. Accordingly, that content (which includes, but is not limited to, diagnostic information and definitions) is modified with ongoing editions of the DSM to reflect currently recognised knowledge and research outcomes. A revised edition (The DSM-V) is in preparation.




PDD¹ – Pervasive Developmental Disorder.

This is the formal diagnostic category used within the current DSM classification system that includes Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), Rett's Disorder and Childhood Disintegrative Disorder. An individual's past and present abilities, needs and strengths must reflect those characteristics described in the diagnostic criteria and the descriptive text in order to meet the requirements of any of the identified disorders within this diagnostic category. Rett's Disorder and Childhood Disintegrative Disorder are not relevant to the procedures outlined in this manual as they are not considered to be Autism Spectrum Disorders.


ASD^{2,3,4,5,6} – Autism Spectrum Disorder.

This is not a formal diagnostic category, however it is widely in use, in both clinical practice and in the professional literature, as a descriptive term which refers to three of the disorders classified within the PDD diagnostic category of the DSM (Autistic Disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified). The prevalence of the use of ASD as a descriptive term appears to reflect the current perspective of those working within this field, that these disorders may reflect varying diagnostic positions, and presentations, along a continuum of complexity that nonetheless share core areas of impairment. This perspective is particularly significant when considering that two individuals with the same diagnosis of, for example, Autistic Disorder, can present very differently in terms of the severity and complexity of their symptomatology and the ways in which these impairments impact upon their daily functioning and ongoing developmental achievements. While ASD and PDD are often used interchangeably in everyday practice, PDD is the appropriate terminology to use when identifying a formal diagnostic category. ASD is a descriptive term which is used consistently throughout this booklet for the reasons identified above.



ICD⁷ – International Statistical Classification of Diseases and Related Health Problems.

The ICD is an international standard diagnostic classification system to report and categorise diseases, health-related conditions and external causes of disease and injury to compile useful health information related to deaths, illness and injury (mortality and morbidity). It is currently in its tenth revision (ICD-10) and includes ASDs under the categories of Childhood Autism and Atypical Autism.



Differential diagnosis

The process of using clinical judgement to distinguish between a number of conditions with similar symptoms and characteristics to arrive at the most accurate diagnosis for an individual. For example, clinicians need to distinguish between ASDs and other developmental disorders or psychiatric conditions to determine an appropriate diagnosis. It should be noted that co-existing medical or psychiatric conditions may also be present in individuals with ASDs.

Team

This does not refer to a geographically located group of service providers. Rather, it reflects the nature of professional collaboration necessary to ensure diagnostic accuracy and consensus in the identification and "best" explanation of an individual's abilities, needs, and strengths relative to the assessment findings. Therefore, the "team" may be as varied as:

- (i) A group of assessors present in the same room with the individual, conducting two or more disciplinary assessments at the same time, and who may write assessment reports that are inclusive of the findings of two or more of the present assessors, or;
- (ii) Several individual assessors in their own private practices, which may be at some geographical distance from each other, but who nonetheless, confer, collaborate and coordinate their disciplinary findings to reach a consensus as to these findings.

Multidisciplinary Team

This term is used to specifically identify a team whose membership comprises individual professionals from two or more different disciplines (e.g. psychology, speech pathology, medicine, social work, etc). Within Victoria, the Multidisciplinary Team providing ASD assessments usually comprises the following three "core" disciplines - Psychology, Paediatrics and/or Psychiatry and Speech Pathology. These disciplines represent the skills necessary to specifically address the diagnostic criteria as stated within the DSM.

Family Functioning

In the provision of ASD assessment and diagnostic services within Victoria, there is consensus among the relevant service providers regarding the following statements;


- (i) That the area of Family Functioning is recognised as significant to the ASD assessment process, and
- (ii) That specific exploration of this area as a part of the assessment process is necessary for the assessment team's understanding of the systemic stresses, needs, and strengths that operate within each family unit, and
- (iii) That this area will be addressed by the Psychologist or Child and Adolescent Psychiatrist member of the assessment team.

There is further consensus that, where possible, the inclusion of contributions from allied professions, such as Social Work and Occupational Therapy, as well as input from teachers, can provide a major contribution to the whole assessment process and the support of the family.

It is recognised that inclusion of all allied professions in the assessment team is not possible within many of the available service delivery models. In these instances, the representatives of the three core disciplines work together to ensure that the area of Family Functioning is sufficiently addressed and that all relevant issues are taken into account in the evaluation and formulation of assessment findings and outcomes. Where necessary, ongoing referral/s are made by the assessment team to other appropriate allied professional/s.


Mental Health Issues

In the provision of ASD assessment and diagnostic services within Victoria, it is recognised and acknowledged that:

- 
- (i) The development of an understanding of the mental health issues (both strengths and needs) of the individual being assessed is essential in the consideration and formulation of an appropriate explanation for their abilities, strengths and needs and in arriving at an appropriate diagnosis, and
 - (ii) That the investigation and evaluation of these issues is ideally conducted by a suitably qualified and experienced Child and Adolescent Psychiatrist and/or Psychologist with expertise in ASDs or, by ongoing referral by the assessment team to a professional with this training, as necessary.

Psychologist


This term is used within this booklet to refer to registered psychologists who are:

- 
- (i) Specifically qualified and skilled in the assessment of cognitive functioning and adaptive behaviour and,
 - (ii) Addressing the DSM criteria relevant to these areas in the formulation of a differential diagnosis.

It is to be understood that while four-year trained psychologists (with appropriate experience, demonstrated skills and additional specialist assessor training) are frequently members of assessment teams, it is required that the psychologist making the diagnosis is a registered psychologist with expertise in the area of ASDs.

Psychiatrist

This term is used to refer to medical practitioners who are recognised specialists in Child and Adolescent or Adult Psychiatry. Child and Adolescent Psychiatrists have completed training in the medical specialty of Psychiatry and then completed additional training in Child and Adolescent Psychiatry through a two year RANZCP accredited training program. Child and Adolescent Psychiatrists are:

- 
- (i) Specifically skilled in the assessment, diagnosis and management of neurodevelopmental disorders such as ASD using DSM and ICD criteria including differential diagnosis from other mental health, neurological and medical disorders.
 - (ii) Specifically qualified and skilled in the assessment of family functioning including concerns with parental mental health.
 - (iii) Specifically qualified and skilled in undertaking interviews or observations of a child to assess mental health and individual developmental functioning including the impact of ASD or other mental health disorders.

WHAT IS AN AUTISM SPECTRUM DISORDER?

Autistic Disorder/Autism

Autism is a neurologically based pervasive developmental disorder. Neurological means it affects the brain and pervasive means that it affects many areas of development. At this time, there is no medical/blood test available to determine if a person has Autism. Autism is currently diagnosed by the presence or absence of certain behaviours and developmental history. The criteria most widely used within Victoria come from the DSM.¹ The DSM identifies three areas of difficulty associated with a diagnosis of Autism:

1. **Impaired Socialisation:**
Individuals with Autism may have difficulty initiating interaction while others may have difficulty establishing relationships. They often do not understand the unspoken rules which govern relationships and social interactions. They may fail to discuss and share their interests and may not respond to social approaches from others.
2. **Impaired Communication:**
Some individuals with Autism have speech while others have delayed development of speech or have no speech at all. They may also fail to use gestures and pointing to make themselves understood. Individuals who do have speech may have a limited number of words, repetitive speech or difficulty sustaining normal conversation. Often individuals with Autism have difficulty understanding or comprehending what other people say and mean, and may interpret more abstract language in very literal ways.
3. **Repetitive or restricted patterns of behaviour, interests or activities:**
Individuals with Autism may follow the same routine each day without many changes, they may play with and use objects in an unusual, restricted or repetitive way or repeat specific body movements (e.g. hand flapping, rocking, spinning). They may become very distressed by changes in routine or in their environment and they may be very sensitive or respond in an unusual way to different sources of stimulation (e.g. stare fixedly at lights, become upset by specific sounds such as a baby crying or a vacuum cleaner).

In the DSM-IV-TR, each of the three areas above contains four specific criteria, making a total of 12 criteria. To receive a diagnosis of Autism, an individual must meet at least six of the 12 criteria (with at least two from the first area and one each from the second and third areas). Individuals can therefore meet a variety of different combinations of criteria and still receive a diagnosis of Autism. Thus, individuals who have a diagnosis of Autism may vary a great deal in their personality, abilities and behaviours.

Asperger's Disorder/Syndrome

These individuals usually do not show any clinically significant delays in their language or cognitive development in the first three years of life. They tend to have less obvious speech and language difficulties, and higher overall abilities, than children with a diagnosis of Autism. However, they do have specific difficulties with

social understanding and interaction, reciprocal communication, and the development of restricted, repetitive patterns of behaviour, interests and activities.

Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

PDD-NOS is diagnosed when the child has a significant impairment in the development of reciprocal social interaction skills, in association with impairment in verbal or nonverbal communication skills, and/or the presence of stereotyped behaviour, interests and activities. These individuals do not fully meet criteria for Autistic Disorder or Asperger's Disorder.

Causes, Prevalence and Course of ASDs

A variety of organic, genetic and neurological factors have been investigated to establish what causes ASDs.^{2,3,10} The exact cause is as yet unknown and it is likely that a number of different factors contribute to ASDs.^{4,6,10} ASD is found throughout the world in people of different ethnic and social backgrounds.⁹

Autism is generally recognised to be three to four times more common in males than females and Asperger's Disorder may be even more common in males.^{1,8,9,10}

Estimates regarding the prevalence of ASDs in the general population vary according to the reference used.^{9,10,11} Recent worldwide trends documenting significant increases in the number of individuals diagnosed with an ASD are considered by many investigators and reviewers to most likely represent changes in diagnostic practices and boundaries rather than a true increase in the number of people with ASD.⁹ The current estimate is that ASDs affect approximately 1% of the population.^{12,13}

Individuals who have a neurological disorder may display a cluster of behaviours and skill difficulties that resemble autism. Individuals with Intellectual Disability, Fragile X Syndrome, Tuberous Sclerosis or other conditions may demonstrate severe speech and language problems and autistic-like behaviours² and may also fulfil criteria for autism.

In summary, ASDs are a group of three related diagnoses for which there is no specific medical test, rather they describe a cluster of specific behaviours.^{2,4,6} These behaviours are evident before the age of three years and continue, in the majority of cases, throughout the individual's life.

AUTISM SPECTRUM DISORDER ASSESSMENT

Why Do It?

Assessments for Children


Assessment referrals are often made because parents want an explanation for their child's behaviour or other specific challenges that they feel have not yet been completely explained. Parents may also be looking for information that will more effectively guide their selection of intervention or management approaches, or strategies that best meet their child's individual needs.

Researchers and clinicians around the world are consistent in pointing out the advantages of the earliest possible diagnosis for children facing the challenges of ASD. These advantages may include;

- A clearer and more valid interpretation and explanation of the child's behaviours. ^{2,3}
- A child's family is often described as their "best resource" ^{2,3}. Therefore, the earliest possible provision of any supports and education that are tailored to each family's unique needs, and which may result in a reduction in family stress and a growth in their knowledge, management and parenting skills¹⁴ is to the child's advantage. ²
- Considering the importance of genetic factors in the development of ASDs, early identification may better equip health care professionals to recognise, diagnose and respond to related difficulties in siblings or other family members. ¹⁴
- Earlier initiation of appropriate, individually tailored educational and intervention planning ^{2,5} can:
 - Lead to an increase in both the speed and complexity of the child's overall development;⁵
 - Result in a reduction of inappropriate behaviours;⁵
 - Ensure appropriate medical, educational, social and therapeutic interventions;^{2,3,5}
 - Provide a baseline for measuring progress and the effects of intervention;³
 - Minimise the development of any later, secondary problems associated with ASDs;¹⁴ and
 - Contribute to enhanced, long term, functional outcomes. ^{2,3,5}

Assessments for Adolescents and Adults

While providing assessment and intervention services for children diagnosed with ASD may seem "obvious" to most professionals, family members and service providers, this is not always the case for older individuals. Clinicians working with adolescents and adults referred for ASD assessments are often asked "why bother doing such an assessment at this stage" and "what difference will it make?" However, professionals providing adolescent and adult services cite the following as significant and important reasons for providing these evaluations for these age groups.

- 
- ASD assessment and diagnosis can lead to enhanced functioning for the individual and lend support to their family and/or service providers by:
 - Assisting both the affected individual and the significant people in his/her life to understand the nature of his/her challenges and how they impact on daily life and future goals and plans;^{15,16}
 - Facilitating successful intervention planning, utilising strategies known to be effective for this population;^{15,16}
 - Validating the family's and service providers' observations of the individual's differences. This is especially important where the individual has, or is being evaluated for, a possible dual diagnosis¹⁶ (e.g. Down Syndrome and ASD, or a specific mental health problem and ASD) and does not fit the "usual" profile most commonly seen in individuals with the co-occurring condition;
 - Leading to additional intervention and community resources that might not otherwise be considered. ^{15,16}


Who Does It?



There is an increasing call for a dual-level process in the screening for, and detection of, autism in the toddler and preschool years.

Level 1 Developmental Surveillance involves the screening of all children during "well child" visits to both General Practitioners and Maternal and Child Health nurses.^{1,2,3,5} This surveillance would include specific awareness of the risk markers ("red flags") which would prompt further investigation of a child whose developmental profile is atypical, including those who might be specifically "at risk" for an ASD.^{2,3,5}

A Level 2 assessment is conducted after a child is identified as being "at risk" for an ASD. The assessment is provided for the specific purpose of assessing and diagnosing, or ruling out autism, and/or to differentiate autism from other possible developmental disorders.²

The development of all individuals with an ASD is characterised by the same core features of impaired socialisation, impaired verbal and nonverbal communication, and restricted and repetitive patterns of behaviour.^{1,2,4} However, there may be marked variability in both the manifestation and severity of symptomatology, both across individuals and over time within the same individual.^{2,3,4} Adding to the complexity of the clinical picture is the fact that an ASD can exist within the context of a wide range of cognitive and functional abilities, and can also be associated with a wide range of other developmental and psychiatric conditions.^{2,4}

This complexity and variability of presentation, combined with the fact that currently there are no definitive biological markers^{2,4} for ASDs, nor a single behaviour that is consistent in its expression, absence, or presence, in all individuals with an ASD,⁴ creates the need for assessors with very specific skills. Diagnosis of an ASD depends on the clinical judgement of experienced clinicians^{2,17} whose observation and interpretation of the child's past and current patterns of skills and behaviours^{2,4} is guided by diagnostic aids such as the DSM-IV-TR¹ and the ICD-10¹⁶, as well as the use of appropriately sensitive diagnostic instruments that also have good specificity for ASDs.^{2,4} This highly complex assessment process is implemented with

the intent of developing a differential diagnosis that not only distinguishes the ASDs from each other and forms of PDDs, but also from other kinds of developmental disorders.^{2,5,3,4,15}

Clinicians with these skills must necessarily be experienced in the assessment and diagnosis of a wide range of developmental disabilities, with additional training and expertise in the very specific area of assessment and diagnosis of ASDs.^{2,3,4}

It is also recognised that a comprehensive assessment is best provided by a collaborative, interdisciplinary approach to ensure that all aspects of the individual's development – social, communication, behaviour, adaptive skills, cognitive, physical and mental health – are taken into account, as well as the strengths and needs of the individual's family and support system.^{2,3}

What Is Involved?

Completing an ASD assessment is a lengthy process which can be quite demanding for both the individual being assessed and his/her family. It involves an in-depth analysis of the individual's developmental and medical history, as well as an assessment of his/her current strengths and challenges. The areas that are assessed include cognition (knowledge and understanding), communication (language and non-verbal), social, behavioural and adaptive skills. The information and feedback provided by family members and other caregivers (such as day care providers, teachers, employment support staff, residential staff and any current therapy staff) are crucial to developing the most complete picture of the individual. This information also assists in the formulation of recommendations for the individual's ongoing care and development once the assessment is completed, regardless of the final diagnosis.^{4,6}

The specific manifestations of ASDs may vary greatly over time, and also be influenced by the interaction of a variety of factors. These factors may include the developmental level, chronological age, presence or absence of any additional developmental, medical or mental health challenges, and relevant life experiences which, in combination, contribute to each individual's unique developmental pattern.⁶

In Victoria, diagnosis of an ASD may require a team of professionals, all experienced in ASD assessment and diagnosis, to agree on the diagnosis. Therefore, children must be seen by a paediatrician or a Child and Adolescent Psychiatrist, a psychologist and a speech pathologist. Assessments for adolescents (aged 12 to 17 years) and adults (aged 18 years and older) are carried out by a psychologist with ASD expertise, a paediatrician (up to 17 years) and/or a Child and Adolescent Psychiatrist or an Adult Psychiatrist (for those aged 18 years and older). A speech pathologist should also be consulted.

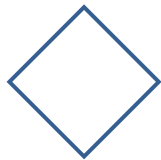
ASD assessments may be conducted within a multidisciplinary team setting (such as those provided at CAMHS, Developmental Disabilities Clinics, Hospital teams and private teams) or by individual professionals who work separately but collaboratively (such as those in private practice). Regardless of the assessment model used, once the assessments are completed, the professionals involved communicate their findings with the other members of their assessment team and reach a joint decision

regarding any diagnostic uncertainties, the individual's strengths and difficulties, priorities for intervention, and recommendations for management.

Once a diagnosis of an ASD has been made, the team should report back to the referring clinician confirming the diagnosis. Diagnosticians should ensure that families and/or individuals are directed to appropriate programs, services or agencies for therapy and ongoing management. This may include referral to central intake of the Early Childhood Intervention Services (ECIS) for children below school age.

The provision of information to the family on the process of applying for early intervention funding under the Commonwealth Government's Helping Children with Autism package for children under six years is recommended. Clinicians should also direct families to make contact with the Autism Advisor service through Autism Victoria to determine eligibility under this funding initiative. The Paediatrician's or Child and Adolescent Psychiatrist's role may extend to the provision of access to relevant Medicare items for assessment and treatment of ASDs for children and adolescents under 15 years of age. For school aged children, information on accessing government funding through the DEECD (or its equivalent in Catholic and Independent schools) should also be given.

Medical professionals can also arrange for access to various entitlements through Centrelink. Families of individuals with ASDs may be eligible to apply for Carer's Allowance (including a Health Care Card) and/or Carer Payment. Families can also get in touch with the Commonwealth Respite and Carelink Centre who can provide options for carers to access services. Some individuals with ASDs aged over 16 years may also be eligible to receive a Disability Support Pension. A summary of the various government initiatives is provided in Appendix A.



SECTION 2:

ASSESSMENT STANDARDS AND GUIDELINES

ASD ASSESSMENT STANDARDS FOR CHILDREN

ASSESSMENTS:

In recent years, the substantial increase in the number of children referred for assessment of ASDs has highlighted the need for efficient processes to manage their referral, assessment, diagnosis, eligibility and access to services.

In Victoria, diagnosticians are required to provide families with relevant information about support and initiatives they are eligible to access. Examples include the Central Intake system of the state-funded ECIS, any relevant entitlements through Centrelink (requires input of a medical practitioner), school funding through the DEECD (or Catholic or Independent schools equivalent), and contact with an Autism Advisor to access Commonwealth funding under the Helping Children with Autism package.

Multidisciplinary Assessments:

Assessments are carried out by a Paediatrician and/or a Child and Adolescent Psychiatrist, a Psychologist experienced in the assessment and diagnosis of ASDs, and a Speech Pathologist also experienced in the assessment and diagnosis of ASDs. Every member of the assessment team has a role in formulating a comprehensive picture of the child's behaviour based on information provided by all informants and across a range of contexts. Each team member also participates in formulating the most appropriate diagnosis or explanation for the child's behaviour. See also the booklet 'Helping Children with Autism' at www.autism.ahpa.com.au

Paediatric/Child and Adolescent Psychiatric Assessments:

The paediatric/psychiatric assessment includes the following:

- Comprehensive developmental history, with a particular emphasis on global functioning and the achievement of developmental milestones: includes both interview/s with parents/caregivers, interview or observation of the child, and a review of available case history information;
- Comprehensive medical history with a particular emphasis on the exclusion of other possible medical diagnoses and/or conditions that may contribute to the individual's current presentation;
- General physical and neurodevelopmental examination;
- Review of any laboratory testing and requests for additional testing if relevant;
- Review of mental status as needed;
- Interviews with other relevant service providers as necessary (e.g., teachers, child care staff, and therapists);
- Review, assessment (both formal and informal), and summary of past and current developmental strengths and needs;
- Review and reporting of past and current assessments in the areas of socialisation, communication and behaviour.

Psychological Assessments:

The psychological assessment includes the following:

- Developmental history, with a particular emphasis on behavioural and adaptive functioning, relevant background information, and history and

context around the family's concerns, resulting from both interview/s with parents/caregivers and a review of available case history information;

- Formal assessment of intellectual functioning/development or review of reported recent (within the last two years) assessments. If standardised assessment is not possible, informal assessment techniques should be utilised;
- Standardised assessment of adaptive functioning for school-aged children, or those approaching school age;
- Informal semi-structured play/interaction with the child including observation of parent/child interaction;
- Observation of the child in his/her home, educational or broader social setting (e.g. school, day care, at the park, etc.) is desirable;
- Interviews with other relevant service providers as necessary (e.g., teachers, child care staff, other therapists);
- Review of assessment (both formal and informal) and summary of past and current developmental abilities, strengths and needs, and reporting of current testing results in terms of DSM diagnostic criteria.

Speech Pathology Assessments:

The speech pathology assessment includes the following:

- Developmental history, with a particular emphasis on communication development, resulting from both interview/s with parents/caregivers and a review of available case history information;
- Formal and/or informal testing of speech and language skills, including pragmatics;
- Functional evaluation of communication skills in the individual's various relevant environments;
- Informal semi-structured play/interaction with the child including observation of parent/child interaction;
- Observation of the child in his/her home, educational or broader social setting (e.g. school, day care, at the park, etc) is desirable;
- Interviews with other relevant service providers as necessary (e.g. teachers, child care staff, other therapists);
- Review of assessment (both formal and informal), and summary of past and current abilities, strengths and needs in the areas of language, social communication and play;
- Report current testing results in terms of diagnostic criteria.

FORMULATING A DIAGNOSIS

In formulating a diagnosis, the team must take into account the following:

- The psychosocial impact of the individual's past and current environments;
- The information provided by an appropriate developmental history;
- The individual's current skills and needs as indicated by informal assessment/observation, formal testing and functional/adaptive skills, and;
- The consideration of an appropriate diagnosis or explanation for the individual's behaviour.
- In cases where there is not initial agreement within the team to make a definitive diagnosis of an ASD, further consultation and additional observation

in the child's natural environment is strongly recommended to resolve the uncertainty in preference to making a provisional diagnosis.

Each team member must also address both past and current presentation for each of the current DSM criteria relevant to their area of expertise.

REPORT WRITING

Formulating the assessment report is the responsibility of all members of the assessment team. Collaboration and coordination in developing a diagnosis or explanation for the individual's behaviour, and clearly describing this information in a written report, are essential.

It is recommended that reports contain the following general features:

- The report should be jargon free;
- The report should include a detailed case history (including all available developmental information), a detailed description of the current presentation of symptoms and current testing results. In addition, each of the current DSM criteria should be explicitly addressed with supporting examples;
- Following consultation and collaboration between all the assessors, a concluding paragraph should be written summarising the agreed-upon diagnosis or explanation, criterion ratings and recommendations;
- Recommendations should be provided in sufficient detail so that:
 - Families can access appropriate services as soon as possible, both for early intervention, or school and other more global services;
 - Families can maintain their current services until new services, which may be recommended, are available;
 - Priorities for intervention are identified and clearly stated (for families and current/future service providers);
 - Recommendations for additional and/or ongoing evaluation and consultation are clearly supported and documented;
- The report should be formatted so that the Summary and Recommendations sections can be readily separated for copying.

FEEDBACK SESSIONS

It is recommended that these sessions include the following general features:

- All assessors should be aware of the range of appropriate referral, support and intervention services available in the community, including eligibility requirements, anticipated waiting periods, service options, who to contact and how to access resources;
- All professionals will provide input for the feedback within their given field;
- Following collaboration, the team members will decide who will provide the general feedback to the family (may include one or more team members). It is essential that the person carrying out the feedback has a sound knowledge of the range of appropriate referral, support and intervention services available within the client's community (including rural service provision if applicable);
- Consideration needs to be given to the family's resources and expertise and how this may fit with the range of intervention and support services available.

STANDARDS:

The following standards address the need for ensuring and maintaining Paediatricians', Child and Adolescent Psychiatrists', Psychologists' and Speech Pathologists' skills and expertise in the specialty area of ASD Assessment and Diagnosis.

General Professional Standards:

Each assessor must:

- Meet professional standards as outlined by their appropriate professional body;
- Have experience in the areas of disability, ASD, communication disorders, and developmental disorders at the relevant age group/s;
- Have acknowledged skills in the assessment of socialisation, play and communication;
- Have experience and knowledge of a number of variables that may impact on a child's presentation and development;
- If assessing adolescents or adults, the assessor will have acknowledged skills and experience in the differential diagnosis of psychiatric disorders;
- Have experience in differential diagnosis relevant to their disciplinary field;
- Preferably have experience in intervention, as well as assessment of, people with developmental disabilities and ASDs.

Additional for Psychologists

- Have acknowledged skills in the assessment of intellectual functioning with complex children;
- Have acknowledged skills in the assessment of Family Functioning and systemic influences on the individual's functioning and development.

Specialty Training Standards:


Each assessor must:

- Be a currently recognised experienced ASD assessor (i.e., be able to demonstrate specialty skills and knowledge in the area); or
- Have completed specific professional training and have extensive experience in the assessment and diagnosis of ASDs; and
- Have applied experience/knowledge of the current DSM criteria for PDDs.

Ongoing Quality Assurance Standards:


Each assessor must:


- Ensure validity of diagnosis by varying assessing partner/s to check on consistency of interpretation of diagnostic criteria;
- If absent from the ASD assessment field for more than 12 months, the clinician must re-familiarise themselves with the assessment process by participating in assessments with a recognised, experienced ASD assessor at a diagnostic centre;
- Conduct assessments in accordance with current assessment protocols, including responding within a recommended timeline. This includes;
 - The completion of team reports within two to four weeks of the assessment;

- 
- The provision of feedback sessions as soon as possible and no later than six weeks from the date of the completion of the assessment, and;
 - Following the procedures described within this booklet in relation to the provision of feedback to families regarding the diagnosis, the assessment report and the report's recommendations;
 - Maintain up-to-date knowledge in the area of ASDs and PDD by attending and participating in case discussion meetings and formal meetings of professionals. Such meetings and discussions might include:
 - A professional diagnostic meeting, and/or regular supervision or peer review meetings with experienced colleagues to discuss individual assessments (most likely model for private practitioners);
 - Reading current journals and books relevant to the field;
 - Attending workshops, seminars and conferences related to the field.

ELIGIBILITY AND REPORTING REQUIREMENTS

Children who meet criteria for an ASD may be eligible for a number of services. These are included in Appendix A, and may include:



- Referral to the Autism Advisor Service through Autism Victoria if the child fulfils eligibility criteria under the Helping Children with Autism Early Intervention package (for children under six years of age).
 - For children under school age, referral to local Early Childhood Intervention Services or Central Intake as appropriate to the child's region (see Appendix B for referral contacts).
 - Medical practitioners to complete applications for Centrelink assistance for eligible payments and other entitlements.
 - School aged children may be eligible for additional resources from DEECD (or equivalent in Catholic or Independent schools) to support them in mainstream school, or to enable them to qualify for placement into autism specific/special/specialist schools. This process should be coordinated by the school with assistance from ECIS staff as relevant.
- 

ASD ASSESSMENT STANDARDS FOR SERVICES PROVIDED BY PRIVATE PRACTITIONERS

**(Speech Pathologists, Psychologists,
Paediatricians and Psychiatrists)**

MULTIDISCIPLINARY ASSESSMENTS:

A comprehensive assessment by a Psychologist, a Speech Pathologist and a Paediatrician and/or a Child and Adolescent Psychiatrist experienced in the area of ASD assessment and diagnosis is required. Assessments may be carried out separately or collaboratively, but always with consultation between all (at least three) relevant professionals.

Every member of the assessment team has a role in formulating a comprehensive picture of the individual's behaviour based on information provided by all informants and across a range of contexts. Each team member also participates in formulating the most appropriate diagnosis or explanation for the individual's behaviour.

Paediatric/Psychiatric Assessments:

Please refer to the assessment requirements on page 13.

Psychological Assessments:

Please refer to the assessment requirements on page 13.

Speech Pathology Assessments:

Please refer to the assessment requirements on page 14.

Formulating a Diagnosis:

Please refer to the description on page 14.

Report Writing:

Please refer to the description on page 15.

Feedback Sessions:

Please refer to the description on page 15.

Standards:

Please refer to the description on page 16.

Eligibility and Reporting Requirements

Please refer to the description on page 17.

ASD ASSESSMENT STANDARDS FOR ADOLESCENTS AND ADULTS

ASSESSMENTS

In recent years, the substantial increase in the number of adolescents and adults referred for assessment of ASDs has highlighted the need for efficient processes to manage referral, assessment, diagnosis, eligibility and access.

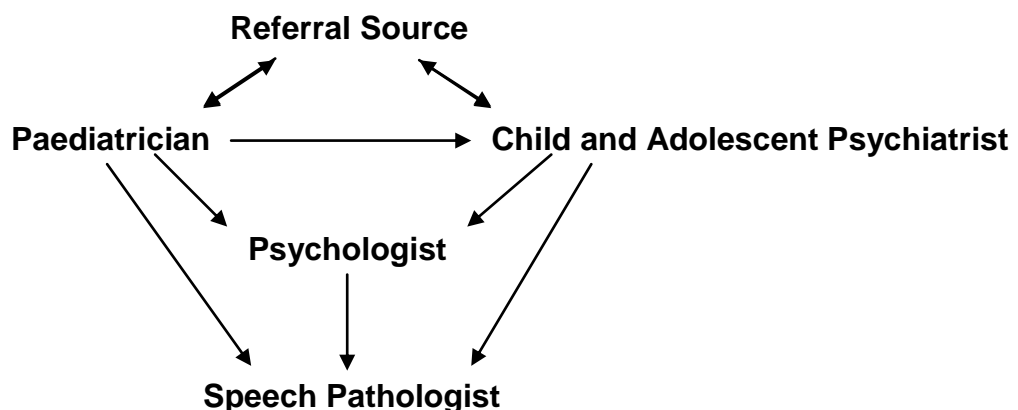
Multidisciplinary Assessments

Assessments are to be carried out by a Psychologist experienced in the assessment and diagnosis of ASDs in this age group, a Paediatrician (for adolescents up to the age of 17) and/or a Child and Adolescent Psychiatrist or an Adult Psychiatrist (18 years and older). A Speech Pathologist should also be consulted to assess the individual's social and functional communication in relevant environments.

Every member of the assessment team has a role in formulating a comprehensive picture of the individual's behaviour based on information provided by all informants and across a range of contexts. Each team member also participates in formulating the most appropriate diagnosis or explanation for the individual's behaviour.

Referral Pathways

Under these assessment guidelines, all adolescents (aged 12 – 17 years) with identified psychiatric issues, and adults (aged 18 years and older), must be seen by at least two clinicians representing the fields of psychiatry and psychology, who are experienced in the assessment and diagnosis of ASDs and co-morbid disorders. Adolescents less than 18 years of age may be referred initially to a Paediatrician who then refers on to a Psychiatrist for additional assessment as necessary. The general referral process is as follows;



The general experience of the assessors must include the following;

- **Paediatrician:** ongoing experience in ASDs and adolescent medicine.

- **Child and Adolescent or Adult Psychiatrist:** ongoing experience in ASDs and the broader adult psychiatric area.
- **Psychologist:** preferably experienced in adult psychiatric services (including ASD) and be up to date with the range of services available for adolescents and adults with ASDs.
- **Speech Pathologist:** ongoing experience in ASD and with adolescents and adults.

Paediatric/ Psychiatric Assessments:

Due to the limited number of available service providers in the country, Psychiatric (and Psychological) services may only be accessible to country clients who are able to travel to the Melbourne metropolitan area.

The paediatric/psychiatric assessment includes the following:

- Comprehensive developmental history, with a particular emphasis on global functioning and the achievement of developmental milestones, resulting from both interview/s with parents/caregivers/the self-referring individual and a review of available case history information;
- Comprehensive medical and psychiatric history with a particular emphasis on the exclusion of other possible medical and psychiatric diagnoses and/or conditions that may contribute to the individual's current presentation;
- General physical and neurodevelopmental examination;
- Review of any laboratory testing and requests for additional testing if relevant;
- Comprehensive psychiatric/mental status examination;
- Review, assessment (both formal and informal), and summary of past and current developmental and functional strengths and needs;
- Review of reported observations of the individual in their educational, social, employment and/or home environments as necessary;
- Interviews with other relevant service providers as necessary;
- Review and reporting of past and current assessments in the areas of socialisation, communication and behaviour in terms of diagnostic criteria.

Psychological Assessments:

The psychological assessment includes the following:

- Developmental history, with a particular emphasis on behavioural and adaptive functioning, resulting from both interview/s with parents/caregivers/the self-referring individual and a review of available case history information;
- Assessment of general level of functioning;
- Formal assessment of intellectual functioning/development or review of reported recent (within the past two years) assessments. If standardised assessment is not possible, informal assessment techniques should be utilised;
- Formal assessment of adaptive behaviour;
- Review of assessment (both formal and informal,) and summary of past and current developmental abilities, strengths and needs;

- Observations of the individual in their educational, social, and/or home environment is desirable;
- Interviews with other relevant service providers (e.g. educational, day placement and/or residential staff etc.) as necessary;
- Review and report current testing results in terms of diagnostic criteria.

Speech Pathology Assessments:

Referral to a Speech Pathologist should occur if:

- There are concerns regarding the quality of the individual's communicative functioning, in particular their language and social-communication skills and/or;
- The individual has not been previously assessed by a Speech Pathologist.

The speech pathology assessment includes the following:

- Formulation of a developmental history, with a particular emphasis on communication development, resulting from both interview/s with parents/caregivers/the self-referring individual and a review of available case history information;
- Formal and/or informal testing of speech and language skills, including pragmatics;
- Functional evaluation of communication skills in the individual's various relevant environments;
- Observations of the individual in their educational, social and/or home environment is desirable;
- Interviews with other relevant service providers (e.g., educational, day placement and/or residential staff, etc.) as necessary;
- Review of assessment (both formal and informal), and summary of past and current abilities, strengths and needs in the areas of language, social communication and play;
- Review and report current testing results in terms of diagnostic criteria.

FORMULATING A DIAGNOSIS:

In formulating a diagnosis, the team must take into account the following:

- The psychosocial impact of the individual's past and current environments;
- The information provided by an appropriate developmental history;
- The individual's current skills and needs as indicated by both formal testing and functional/adaptive skills, and;
- The consideration of an appropriate diagnosis or explanation for the individual's behaviour.

Each team member must also address both past and current presentation for each of the current DSM criteria relevant to their area of expertise.

REPORT WRITING:

Formulating the assessment report is the responsibility of all members of the assessment team. Collaboration and coordination in developing a diagnosis or explanation for the individual's behaviour, and clearly describing this information in a written report, are essential.

It is recommended that the reports contain the following general features:

- The report should be jargon free;
- The report should include a detailed case history (including all available developmental information), and a detailed description of the current presentation of symptoms and current testing results. In addition, each of the current DSM criteria should be explicitly addressed with supporting examples;
- Following consultation and collaboration between all the assessors, a concluding paragraph should be written summarising the agreed upon diagnosis, criterion ratings and recommendations;
- Recommendations should be provided in sufficient detail so that:
 - Individuals, families and/or care providers can access appropriate services as soon as possible;
 - Individuals, families and care providers can maintain their current services until new services, which may be recommended, are available;
 - Priorities for intervention are identified and clearly stated (for individuals, families and current/future service providers);
 - Recommendations for additional and/or ongoing evaluation and consultation are clearly documented and supported;
- The report should be formatted so that the Summary and Recommendations sections can be readily separated for copying.

FEEDBACK SESSIONS

- All assessors should be aware of the range of appropriate referral, support and intervention services available in the community, including eligibility requirements, anticipated waiting periods, service options, who to contact and how to access resources;
- All professionals will provide input for the feedback within their given field;
- Following collaboration, the team members will decide who will provide the general feedback to the individual, family, and/or care providers (may include one or more team members). It is essential that the person carrying out the feedback has a sound knowledge of the range of appropriate referral, support and intervention services available within the client's community (including rural service provision if applicable);
- Consideration needs to be given to the resources and expertise of the individual/family and how these may fit with the range of intervention and support services available.

STANDARDS:

The following standards address the need for ensuring and maintaining Paediatricians', Psychiatrists', Psychologists' and Speech Pathologists' skills and expertise in the specialty area of ASD assessment and diagnosis.

General Professional Standards:

Each assessor must:

- Meet professional standards as outlined by their appropriate professional body;
- Have experience in the areas of disability, developmental disorders and the relevant age group/s;

- Have acknowledged skills in the assessment of socialisation and communication;
- Have experience and knowledge of a number of variables that may impact on an individual's presentation and development;
- Have acknowledged skills and experience in differential diagnosis in psychiatric disorders;
- Have experience in differential diagnosis relevant to their disciplinary field;
- Preferably have experience in intervention, as well as assessment of, people with developmental disabilities and ASDs;

Additional for Psychologists

- Have acknowledged skills in the assessment of intellectual functioning with complex individuals;
- Have acknowledged skills in the area of Family Functioning and systemic influences on the individual's functioning and development.

Specialty Training Standards:

Each assessor must:

- Be a currently recognised experienced ASD assessor (i.e., be able to demonstrate specialty skills and knowledge in the area); or
- Have completed specific professional training and have extensive experience in the assessment and diagnosis of ASDs; and
- Have applied experience/knowledge of the current edition DSM criteria for PDDs.

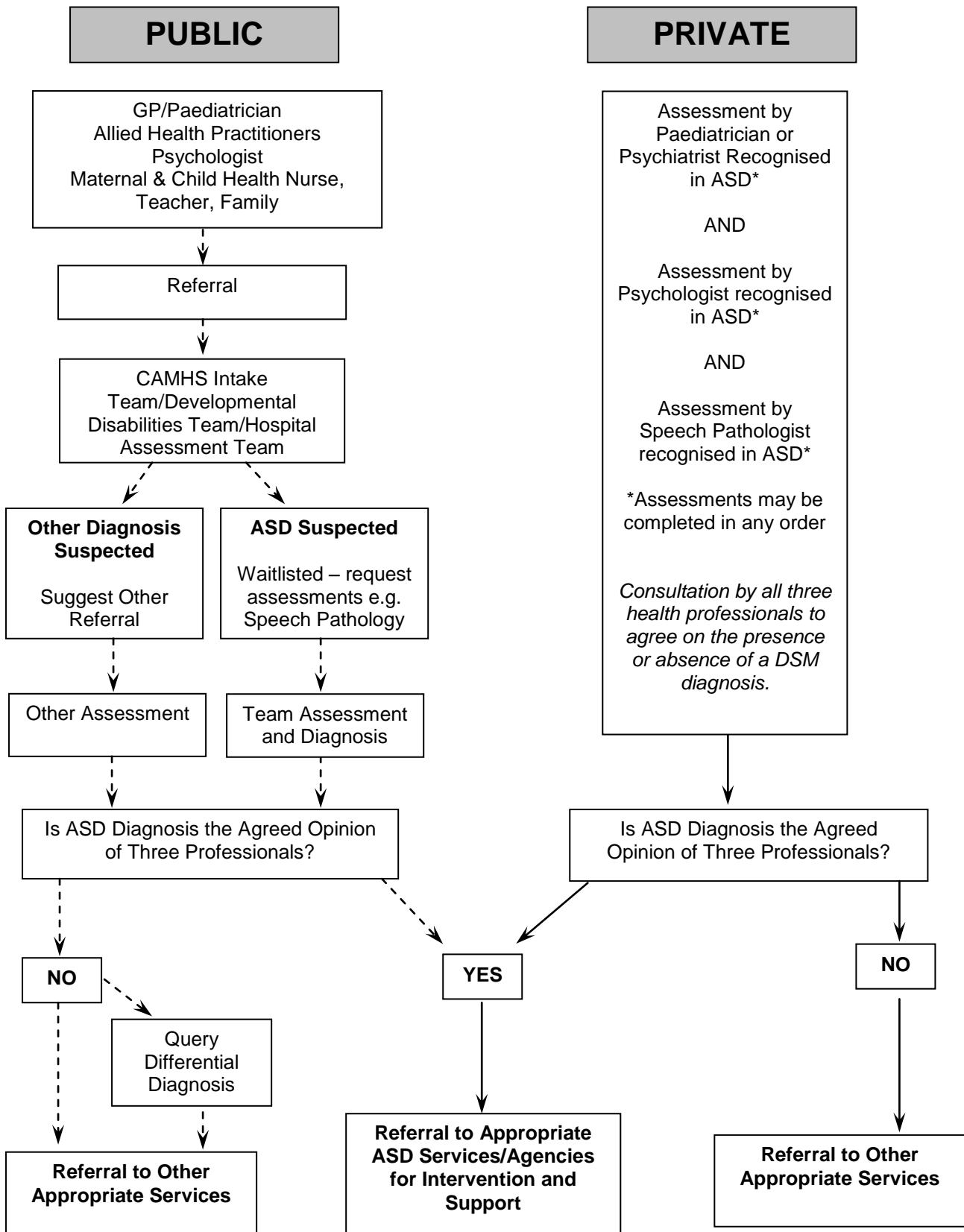
Ongoing Quality Assurance Standards:

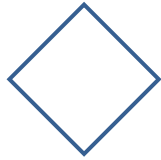
Each assessor must:

- Ensure validity of diagnosis by varying assessing partner/s to check on consistency of interpretation of diagnostic criteria;
- If absent from the ASD assessment field for more than 12 months, the clinician must re-familiarise themselves with the assessment process by participating in assessments with a recognised, experienced ASD assessor at a diagnostic centre.
- Conduct assessments in accordance with the current assessment protocols, including responding within a recommended timeline. This includes:
 - Completion of reports within two to four weeks of the assessment;
 - The provision of feedback sessions as soon as possible and no later than six weeks from the date of the assessment;
 - Following the procedures described within this booklet in relation to the provision of feedback to families/caregivers regarding the diagnosis, the assessment report and the report's recommendations;
 - Where appropriate, provide the self-referring individual with feedback about the assessment results and diagnosis.
- Maintain up-to-date knowledge in the area of ASDs by attending and participating in case discussion meetings and formal meetings of professionals. Such meetings and discussions might include:
 - A professional diagnostic meeting, and/or regular supervision or peer review meetings with experienced colleagues to discuss individual

- assessments (most likely model for private practitioners); Reading current journals and books relevant to the field;
- Attending workshops, seminars and conferences related to the field.

ASD ASSESSMENT / DIAGNOSIS PROCESS





SECTION 3:


ELIGIBILITY CRITERIA FOR GOVERNMENT FUNDING AND SERVICES

ELIGIBILITY AND REFERRAL CRITERIA



ELIGIBILITY FOR GOVERNMENT SERVICES

To be considered eligible for Government services for people with an ASD, individuals need to meet the following criteria.

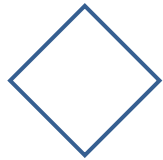
- The child of preschool age has been assessed to have Autism/Autistic Disorder, Asperger's Disorder or Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) using the criteria specified in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
 - A child of preschool age who is diagnosed with any of the above conditions is eligible for services.
 - A person aged six years or older who has been assessed to have Autistic Disorder 299.00 (DSM diagnostic category), and an intellectual disability.
 - A person aged six years or older who will have been assessed to have PDD-NOS and intellectual disability.
 - A person aged six years or older who will have been assessed to have an Autism Spectrum Disorder without an intellectual disability who meets the impact criteria specified in the Disability Act (2006).
 - The condition becomes manifest in childhood and prior to the person's 18th birthday.
 - The person and family must be permanent residents of Australia (or be eligible for permanent residency), and currently reside in Victoria.
- 

REFERRAL PROCEDURES



- A person of any age can be referred. The referral can be forwarded by any person provided the consent of the applicant or family is given, however ASD referrals are generally forwarded by the paediatrician or other specialist already involved.
- Basic information is needed, including full name, date of birth, address, telephone and other contacts (mobile/fax/email), and full names of parents, guardian or next of kin, including any special contact instructions.
- Prior to the referral, consent must be given by the person being referred (if 18 years or over). In the case of children, or adults unable to give informed consent, this must be given by the parent or guardian. Consent should be clearly indicated in writing at the time of referral with the understanding that the services available relate to ASD.

- Consent also should be given in writing for the release of information from other agencies where appropriate.
- If requested, evidence of permanent Australian residency, e.g., copy of the Australian citizenship, visa, or passport must be provided.



SECTION 4:

REFERENCES

REFERENCES

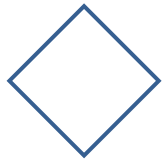
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SECTION 5:

APPENDICES

**APPENDIX A:
ELIGIBILITY FOR STATE AND COMMONWEALTH GOVERNMENT INITIATIVES FOR INDIVIDUALS WITH ASDs**

Children: Birth to School Entry

	Early Childhood Intervention Services (ECIS)	Helping Children with Autism Access to Diagnosis (Medicare Rebate)	Helping Children with Autism Access to Treatment (Medicare Rebate)	Helping Children with Autism Access to Early Intervention (FaHCSIA Funding)
Eligibility Requirement	No formal diagnosis required.	Referral from a (private) paediatrician or child and adolescent psychiatrist for assessment and diagnosis of a suspected ASD: <ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder • PDD-NOS. 	Formal DSM diagnosis of an ASD by a multidisciplinary team and confirmed by a paediatrician or a child and adolescent psychiatrist: <ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder • PDD-NOS. 	Formal DSM diagnosis of an ASD confirmed by a paediatrician, child and adolescent psychiatrist, or multidisciplinary team: <ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder • PDD-NOS.
Entitlements	Eligible to apply for state-funded Early Childhood Intervention Services until school entry.	Access to up to four Medicare rebatable sessions for private diagnosis with a psychologist, speech therapist and/or occupational therapist upon referral from a paediatrician or child and adolescent psychiatrist.	Access to 20 Medicare rebatable sessions of speech therapy, occupational therapy or psychology to be used by the child's 15 th birthday.	Eligible for up to \$12,000 of funding (maximum \$6000 per financial year). The child must be deemed eligible for funding before their sixth birthday, and the funding can be accessed until the day before their seventh birthday.
Who Can Activate Referral?	Professionals can contact Central Intake on behalf of families, or families can directly contact ECIS Intake in their region (see Appendix B for contact list).	Paediatrician or child and adolescent psychiatrist must write the referral by the child's 13 th birthday, and assessment is to be completed by the child's 15 th birthday.	Paediatrician or child and adolescent psychiatrist must write the referral by the child's 13 th birthday, and sessions are to be used by child's 15 th birthday.	Families can contact the Autism Advisor Service at Autism Victoria for further eligibility criteria and an information pack. Phone 1300 424 499
More Information	www.ecis.vic.gov.au	www.health.gov.au/autism	www.health.gov.au/autism	www.fahcsia.gov.au/autism

Children: Birth to School Entry

	Enhanced Primary Care Plan	Better Access to Mental Health	DEECD Program for Students with Disabilities Funding (and Catholic and Independent School Equivalents)	Carer Allowance (Child)	Carer Payment (Child)
Eligibility Criteria	Diagnosis of a chronic condition (i.e. ASD).	Diagnosis of mental health condition (e.g. anxiety, depression).	<p><u>DEECD</u> Formal diagnosis by multidisciplinary team and additional evidence as outlined in the <i>Program for Students with Disabilities</i> handbook under the category of ASD*.</p> <p><i>* DEECD does not provide funding for children diagnosed with PDD-NOS. For students who do not fulfil criteria for funding under ASD and have an associated intellectual disability (ID) they may be eligible for funding under an ID.</i></p> <p><u>Catholic Schools</u> A multidisciplinary assessment is also required for funding for an ASD (including PDD-NOS) under the Social/Emotional Disorder category.</p> <p><i>Students in Catholic schools can receive interim funding for up to one year for students with a provisional diagnosis of an ASD if in the process of attaining a formal diagnosis.</i></p>	Written evidence from a medical practitioner that the child presents with: <ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder. 	For carers of children (under 16 years) with a profound disability or medical condition and extremely high care needs where the carer is unable to support themselves through substantial paid employment due to the demands of the caring role.
Entitlements	Eligible for 5 sessions of allied health services at a Medicare rebate. Available each calendar year.	Up to 12 sessions with a psychologist, social worker or occupational therapist (to support mental health and emotional wellbeing) at a Medicare rebate. Available each calendar year.	If deemed eligible, funding is allocated to the child's school to support the student's additional needs.	Fortnightly payment to carers and/or a Health Care Card.	Fortnightly payment to carers and a Health Care Card.
Who Can Activate Referral?	Referral written by GP.	Referral written by GP, paediatrician or psychiatrist.	Families should contact the child's (prospective) school to coordinate this process.	Written evidence from a medical practitioner.	Report from a doctor or health professional to help establish eligibility.
More Information	www.health.gov.au/epc	www.health.gov.au	www.education.vic.gov.au/healthwellbeing/wellbeing/disability/handbook/default.htm	www.centrelink.gov.au	www.centrelink.gov.au

Children: School Entry – 16 years

	Helping Children with Autism Access to Early Intervention (FaHCSIA Funding)	Helping Children with Autism Access to Diagnosis (Medicare Rebate)	Helping Children with Autism Access to Treatment (Medicare Rebate)
Eligibility Criteria	<p>Formal DSM diagnosis of an ASD confirmed by a paediatrician, psychiatrist, or multidisciplinary team:</p> <ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder • PDD-NOS. 	<p>Referral from a (private) paediatrician or child and adolescent psychiatrist for assessment and diagnosis of a suspected ASD:</p> <ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder • PDD-NOS. 	<p>Formal DSM diagnosis of an ASD by a multidisciplinary team and confirmed by a paediatrician or child and adolescent psychiatrist:</p> <ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder • PDD-NOS.
Entitlements	<p>Eligible for up to \$12,000 of funding (maximum \$6000 per financial year). The child must be deemed eligible for funding before their sixth birthday, and the funding can be accessed until the day before their seventh birthday.</p>	<p>Access to up to four Medicare rebatable sessions for private diagnosis with a, psychologist, speech therapist and/or occupational therapist upon referral from a paediatrician.</p>	<p>Access to 20 Medicare rebatable sessions of speech therapy, occupational therapy or psychology to be used by the child's 15th birthday.</p>
Who Can Activate Referral?	<p>Families can contact the Autism Advisor Service at Autism Victoria for further eligibility criteria and an information pack.</p> <p>Phone 1300 424 499</p>	<p>Paediatrician or a child and adolescent psychiatrist must write the referral by the child's 13th birthday, and assessment is to be completed by the child's 15th birthday.</p>	<p>Paediatrician or a child and adolescent psychiatrist must write the referral by the child's 13th birthday, and sessions are to be used by child's 15th birthday.</p>
More Information	<p>www.fahcsia.gov.au/autism</p>	<p>www.health.gov.au/autism</p>	<p>www.health.gov.au/autism</p>

Children: School Entry to 16 years

	Enhanced Primary Care Plan	Better Access to Mental Health	DEECD Program for Students with Disabilities Funding (and Catholic and Independent School Equivalents)	Carer Allowance (Child)	Carer Payment (Child)
Eligibility Criteria	Diagnosis of a chronic condition (i.e. ASD).	Diagnosis of mental health condition (e.g. anxiety, depression).	<p><u>DEECD</u> Formal diagnosis by multidisciplinary team and additional evidence as outlined in the <i>Program for Students with Disabilities</i> handbook under the category of ASD*.</p> <p><i>* DEECD does not provide funding for children diagnosed with PDD-NOS. For students who do not fulfil criteria for funding under ASD and have an associated intellectual disability (ID) they may be eligible for funding under an ID.</i></p> <p><u>Catholic Schools</u> A multidisciplinary assessment is also required for funding for an ASD (including PDD-NOS) under the Social/Emotional Disorder category.</p> <p><i>Students in Catholic schools can receive interim funding for up to one year for students with a provisional diagnosis of an ASD if in the process of attaining a formal diagnosis.</i></p>	Written evidence from a medical practitioner that the child presents with: <ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder. 	Carer Payment (Child) provides income support to people who provide care for a child (under 16 years) with a profound disability or medical condition and extremely high care needs where: <ul style="list-style-type: none"> • The carer is unable to support themselves through substantial paid employment due to the demands of the caring role. • The care receiver is eligible on an Income and Assets Test.
Entitlements	Eligible for 5 sessions of allied health services at a Medicare rebate. Available each calendar year.	Up to 12 sessions with a psychologist, social worker or occupational therapist (to support mental health and emotional wellbeing) at a Medicare rebate. Available each calendar year.	If deemed eligible, funding is allocated to the child's school to support the student's additional needs.	Fortnightly payment to carers and/or a Health Care Card.	Fortnightly payment to carers and a Health Care Card.
Who Can Activate Referral?	Referral written by GP.	Referral written by GP, paediatrician or psychiatrist.	Families should contact the child's (prospective) school to coordinate this process.	Written evidence from a medical practitioner.	Report from a doctor or health professional to help establish eligibility.
More Information	www.health.gov.au/epc	www.health.gov.au	www.education.vic.gov.au/healthwellbeing/wellbeing/disability/handbook/default.htm	www.centrelink.gov.au	www.centrelink.gov.au

Adolescents/Adults 16 +

	Enhanced Primary Care Plan	Mental Health Care Plan	<i>Program for Students with Disabilities Funding (DEECD) and Catholic and Independent School Equivalents</i>
<i>Eligibility Criteria</i>	Diagnosis of a chronic condition (i.e. ASD).	Diagnosis of mental health condition (e.g. anxiety, depression).	<p><u><i>DEECD</i></u> Formal diagnosis by multidisciplinary team and additional evidence as outlined in the <i>Program for Students with Disabilities</i> handbook under the category of ASD*.</p> <p><i>* DEECD does not provide funding for children diagnosed with PDD-NOS. For students who do not fulfil criteria for funding under ASD and have an associated intellectual disability (ID) they may be eligible for funding under an ID.</i></p> <p><u><i>Catholic Schools</i></u> A multidisciplinary assessment is also required for funding for an ASD (including PDD-NOS) under the Social/Emotional Disorder category.</p> <p><i>Students in Catholic schools can receive interim funding for up to one year for students with a provisional diagnosis of an ASD if in the process of attaining a formal diagnosis.</i></p>
<i>Entitlements</i>	Eligible for 5 sessions of allied health services at a Medicare rebate. Available each calendar year.	Up to 12 sessions with a psychologist, social worker or occupational therapist (to support mental health and emotional wellbeing) at a Medicare rebate. Available each calendar year.	Available for school-aged children. If deemed eligible, funding is allocated to the child's school to support the student's additional needs. .
<i>Who Can Activate Referral?</i>	Referral written by GP.	Referral written by GP, paediatrician or child and adolescent psychiatrist.	School to coordinate this process.
<i>More Information</i>	www.health.gov.au/epc	www.health.gov.au	www.education.vic.gov.au/healthwellbeing/wellbeing/disability/handbook/default.htm

Adolescents/Adults 16 +

	Carer Allowance (Adult)	Carer Payment (Adult)	Disability Support Pension
<i>Eligibility Criteria</i>	Carer Allowance (Adult) is an allowance paid to carers who look after an adult over 16 years with a severe disability or medical condition who needs a lot of care and attention.	Carer Payment (Adult) provides income support to people who provide care for an adult (aged 16 years and over) with a severe disability or medical condition where: <ul style="list-style-type: none"> • The carer is unable to support themselves through substantial paid employment due to the demands of the caring role. • The care receiver is eligible on an Income and Assets Test. 	Pension for individuals who have an illness, injury or disability and are: <ul style="list-style-type: none"> • Aged 16 or over and under Age Pension age at the time of claiming • Not able to work for 15 hours or more per week at or above the relevant minimum wage or be reskilled for such work for at least the next 2 years because of their disability, or • Be working under the Supported Wage System (SWS) • Eligible on an Income and Assets test.
<i>Entitlements</i>	Fortnightly payment to carers.	Fortnightly payment to carers and a Pensioner Concession Card.	Fortnightly payment to individual.
<i>Who Can Activate Referral?</i>	Report from a doctor or health professional to help establish eligibility.	Report from a doctor or health professional to help establish eligibility	Medical report from a Medical Practitioner.
<i>More Information</i>	www.centrelink.gov.au	www.centrelink.gov.au	www.centrelink.gov.au

APPENDIX B:

EARLY CHILDHOOD INTERVENTION SERVICES (ECIS) REGIONAL CONTACTS AND OTHER CONTACTS

Eastern Metropolitan Region *

1300 662 655

** Eastern Metropolitan Region has no central intake system. Contact them for further information.*

Northern Metropolitan Region

(03)9304 0775

Southern Metropolitan Region

1300 720 151

Western Metropolitan Region

(03) 9275 7500

Barwon South Western Region

1800 354 605

Gippsland Region

1800 336 010

Grampians Region

(03)5330 8608

(03)5330 8613

Hume Region

1800 627 391

Loddon-Mallee Region

1300 363 514

OTHER USEFUL CONTACTS

AUTISM VICTORIA

Information and advice for individuals with ASDs, their families, professionals and community members interested in ASDs.

24 Drummond Street, Carlton; P.O. Box 374, Carlton South, 3053

Ph: (03) 9657 1600

Fax: (03) 9639 4955

Info Line: 1300 308 699

www.autismvictoria.org.au

ALPHA AUTISM

An adult service for individuals with ASDs. Provides a number of day programs around Melbourne, an employment service, and a recreation program.

1939 Malvern Road, Malvern East, 3145

Ph: 9885 2777

Fax: 9885 2566

www.alpha-autism.org.au

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